

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 C C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09 / 01 / 2023 through 09 / 30 / 2023

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

Signature of Treasurer Murphy, Jennifer, , , Date 10 / 20 / 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="354351.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31931.17"/>	<input type="text" value="421818.53"/>
(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="386282.47"/>	<input type="text" value="700016.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47155.62"/>	<input type="text" value="360790.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="339126.85"/>	<input type="text" value="339226.85"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	26216.17	266521.36
(ii) Unitemized	5715.00	155297.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31931.17	421818.53
(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)	31931.17	421818.53
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)).....▶	31931.17	421818.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31931.17	421818.53

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	655.62	8555.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	655.62	8555.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	349000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3235.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	3235.00
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)) ..	47155.62	360790.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47155.62	360790.14

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)	31931.17	421818.53
34. Total Contribution Refunds (from Line 28(d))	0.00	3235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31931.17	418583.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	655.62	8555.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	655.62	8555.14

**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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Stiles, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 426 E Ingram St
 City Mesa State AZ Zip Code 85203-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AmWins Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 01 / 2023
Transaction ID : 17608547
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kohlsdorf, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Ingersoll Ave Suite 200
 City Des Moines State IA Zip Code 50309-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 09 / 01 / 2023
Transaction ID : 17608631
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Shaw, Wanda, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 South 10 Street
 City Griffin State GA Zip Code 30224-2804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Brokers of Georgia, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 02 / 2023
Transaction ID : 17608661
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kennedy-Simington, Dierdre, , CHRS, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 E. Green Street, Second Floor
 City Pasadena State CA Zip Code 91101-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenAssist Health Insurance Services, L Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt 09 / 02 / 2023
Transaction ID : 17608665
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Boop, Deborah, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 North Chestnut Street Suite 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 02 / 2023
Transaction ID : 17608668
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Sloan, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Verano Loop
 City Santa Fe State NM Zip Code 87508-8827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KMS Insurance Solutions Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 02 / 2023
Transaction ID : 17608669
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 159
	<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. 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 ▼ 1101.00

Date of Receipt 09 / 02 / 2023
Transaction ID : 17608674
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Semons, Nathan, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2824 Pole Line Road
 City Pocatello State ID Zip Code 83201-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Real Benefit Solutions Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 02 / 2023
Transaction ID : 17608678
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Murphy, Stacy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3080 S Jog Rd
 City Greenacres State FL Zip Code 33467-2053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Absolute Best Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 03 / 2023
Transaction ID : 17608701
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 159
	<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. Poole, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14117 Jones Bridge Road
 City Upper Marlboro State MD Zip Code 20774-8585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Aligned Benefits Group, Inc. Senior Account Executive
 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
 09 / 03 / 2023
Transaction ID : 17608702
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Bibian, Jolene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Maple Ct # 212
 City Ventura State CA Zip Code 93003-9122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mills + Maple Insurance Solutions 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
 09 / 03 / 2023
Transaction ID : 17608703
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Stockstill, Julia Beckie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 E. San Augustine
 City Deer Park State TX Zip Code 77536-4160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Stockstill & Associates Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2023
Transaction ID : 17608707
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 159
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Cohen, Lillian, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Sandtree Drive, Ste 208
 City Palm Beach Gardens State FL Zip Code 33403-1538
 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 ▼ 270.00

Date of Receipt 09 / 03 / 2023
Transaction ID : 17608708
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Norris, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 295 E Palmer Street
 City Franklin State NC Zip Code 28734-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayah Employee Benefits / EbenConcepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2023
Transaction ID : 17608709
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dinkel, Matthew, Kim, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13700 Six Mile Cypress Pkwy
 City Fort Myers State FL Zip Code 33912-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AWA Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 03 / 2023
Transaction ID : 17608711
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 159
	<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. King, Carolyn, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Country Lane
 City Sussex State NJ Zip Code 07461-4630
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Carolyn J King Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2023
Transaction ID : 17608712
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Dorroh, Thomas, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 996
 City Killeen State TX Zip Code 76540-0996
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) BKCW Insurance Agency Occupation (for Individual) Employee Benefits Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 03 / 2023
Transaction ID : 17608714
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Bethel, Lee, V., CLU,REBC,R,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5568 General Washington Drive, # A
 City Alexandria State VA Zip Code 22312-2465
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Comprehensive Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 09 / 03 / 2023
Transaction ID : 17608715
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 12 OF 159
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Messina, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20061 Ridgeway Ct
 City Clinton Township State MI Zip Code 48038-2290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2023
Transaction ID : 17608728
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Carroll, Ryan, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Florence Ave
 City Cincinnati State OH Zip Code 45206-2426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Cornerstone Broker Insurance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 04 / 2023
Transaction ID : 17608729
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Nolimal, Frank, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5740 S. Arville, Ste 204
 City Las Vegas State NV Zip Code 89118-3071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Agent
 Assurance Ltd.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 04 / 2023
Transaction ID : 17608731
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 159
	<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. Kiebler, John, , HIA,LUTCF,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4168 Clearwater Way
 City Lexington State KY Zip Code 40515-6021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2023
Transaction ID : 17608733
 Amount of Each Receipt this Period 30.00
 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 ▼ 1530.00

Date of Receipt 09 / 04 / 2023
Transaction ID : 17608735
 Amount of Each Receipt this Period 170.00
 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 ▼ 475.00

Date of Receipt 09 / 04 / 2023
Transaction ID : 17608741
 Amount of Each Receipt this Period 85.00
 Memo Item

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 14 OF 159
	<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. York, Melanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 82nd St
 City Lubbock State TX Zip Code 79424-3344
 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 ▼ 450.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608750
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Cox, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9824 Arden St
 City Livonia State MI Zip Code 48150-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Plan Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608754
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kirk, Stephanie, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18887 State Highway 305 Suite 300
 City Poulsbo State WA Zip Code 98370-7461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) J.C. Madison Inc Occupation (for Individual) Agency President & Licensed Producer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608755
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
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 159
	<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. Wham, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Plymwood Dr
 City Plymouth Meeting State PA Zip Code 19462-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kistler Tiffany Benefits Occupation (for Individual) Director of Compliance Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608756
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Martin, Ingrid, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3857 Grand Oak Drive
 City Brunswick State OH Zip Code 44212-3594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mid-America Associates, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608758
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Gualtieri, Peter, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 JFK Boulevard, Suite 1220
 City Philadelphia State PA Zip Code 19103-2810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Savoy Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608759
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	114.00
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 159
	<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. Sailer, Gregory, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8623 Eagle Point Blvd.
 City Lake Elmo State MN Zip Code 55042-8628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sailer Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608761
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Carothers, Christopher, B., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 E Warm Springs Rd. Suite 400
 City Las Vegas State NV Zip Code 89120-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carothers Insurance Occupation (for Individual) Agency Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608762
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Sale, Raymer, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2905 Premiere Parkway Suite 285
 City Duluth State GA Zip Code 30097-5246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E2E Benefits Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 17608763
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 159
	<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. Crosby, Neil, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2710 Conejo Canyon Ct
 Unit 21
 City Thousand Oaks State CA Zip Code 91362-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Benefits Professional Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023
Transaction ID : 17608764
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Adams, Holly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 726 Bryn Mawr Ave
 City Penn Valley State PA Zip Code 19072-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Go Well Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2023
Transaction ID : 17609108
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Cupo, Gary, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 10004
 City Fairfield State NJ Zip Code 07004-6004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Solutions Occupation (for Individual) Health Insurance Specialist
 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
 09 / 06 / 2023
Transaction ID : 17609112
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
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 159
	<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, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4862 East Baseline Rd. #101
 City Mesa State AZ Zip Code 85206-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Intelligence, Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 17609113
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Fanuele, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Little Falls Rd., 2nd Floor
 City Fairfield State NJ Zip Code 07004-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fanuele Financial Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 17609114
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Hoffman, Crystal, , SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14905 Southwest Fwy Ste 200
 City Sugar Land State TX Zip Code 77478-5021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Concepts, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 17609115
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1142.00
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 159
	<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. 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 ▼ 1530.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 17609116
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Combs, Susan, L., PPACA, ChH,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Fifth Ave
 Ste 501
 City New York State NY Zip Code 10001-7607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Combs & Company, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 17609117
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Smith, Michael, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Stone Hill Farms Parkway
 City Flower Mound State TX Zip Code 75028-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brokerage, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 17609118
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mayer, Alana, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 N. Central Ave
 9th Floor
 City Phoenix State AZ Zip Code 85012-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black, Gould & Associates Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023
Transaction ID : 17609448
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Bowles, Michelle, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8784 Beach Rd
 City Lexington State KY Zip Code 40515-9308
 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023
Transaction ID : 17609449
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Pendorf, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31666 W. Nine Dr.
 City Laguna Niguel State CA Zip Code 92677-2955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Financial Group LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023
Transaction ID : 17609452
 Amount of Each Receipt this Period
 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 159
	<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. Gussin, Craig, , CLU, LPRT,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Palomar Airport Road #260
 City Carlsbad State CA Zip Code 92011-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Auerbach & Gussin Insurance and Financ Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023
Transaction ID : 17609453
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Marinelli, Aaron, M. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36711 American Way Suite 2F
 City Avon State OH Zip Code 44011-4061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Magis Advisory Group Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023
Transaction ID : 17609455
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Sorenson, Kirstine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5715 W. Alexander Rd. #130
 City Las Vegas State NV Zip Code 89130-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The MultiCare Group, LLC Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023
Transaction ID : 17609459
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	365.00
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 159
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Bennett, Andrea, M., ,

Mailing Address **PO Box 1300**

City **Cortez** State **FL** Zip Code **34215-1300**

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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2023

Transaction ID : 17609557

Amount of Each Receipt this Period

170.00

 Memo Item

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

Mailing Address **820 Jordan Street Suite 400**

City **Shreveport** State **LA** Zip Code **71101-4522**

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

Name of Employer (for Individual) **Moreman, Moore & Co. Inc.** Occupation (for Individual) **Sales Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2023

Transaction ID : 17609610

Amount of Each Receipt this Period

25.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Rolf, Rita, E., CRPS,

Mailing Address **1226 Edgewood Ln**

City **Allen** State **TX** Zip Code **75013-5408**

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

Name of Employer (for Individual) **TexCap Insurance Services** Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2023

Transaction ID : 17609614

Amount of Each Receipt this Period

30.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 159
	<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 ▼ 1125.00

Date of Receipt 09 / 08 / 2023
Transaction ID : 17609617
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Clingan, Nedra, C., GBDS, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13222 Huisache Way
 City Helotes State TX Zip Code 78023-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 08 / 2023
Transaction ID : 17609619
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hepscher, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38168 Medical Center Avenue
 City Zephyrhills State FL Zip Code 33540-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Canadian Medstore Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2940.00

Date of Receipt 09 / 08 / 2023
Transaction ID : 17609620
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 159
	<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. Tandrow, Tara, , CIC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6720 N Scottsdale Road
 Suite 310
 City Scottsdale State AZ Zip Code 85253-4473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB Southwest Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 08 / 2023
Transaction ID : 17609621
 Amount of Each Receipt this Period 30.00
 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 ▼ 1000.00

Date of Receipt 09 / 08 / 2023
Transaction ID : 17609623
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Redmon, Bridget, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 E. Lewis & Clark Parkway
 Suite 205
 City Clarksville State IN Zip Code 47129-2287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) B. Redmon Insurance Partners, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 08 / 2023
Transaction ID : 17609624
 Amount of Each Receipt this Period 32.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.00
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 159
	<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. Eldridge, Jaudaun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6490 S McCarran Blvd Bldg C-24
 City Reno State NV Zip Code 89509-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eldridge Agency Llc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 08 / 2023
Transaction ID : 17609626
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 1390.00

Date of Receipt 09 / 09 / 2023
Transaction ID : 17610201
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Hansen, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 So 2nd St
 City Mount Vernon State WA Zip Code 98273-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Financial Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 09 / 2023
Transaction ID : 17610202
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	169.00
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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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 ▼ 940.00

Date of Receipt 09 / 09 / 2023
Transaction ID : 17610206
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Jimison, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6185 Magnolia Ave Ste 319
 City Riverside State CA Zip Code 92506-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jimison Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 09 / 2023
Transaction ID : 17610208
 Amount of Each Receipt this Period 30.00
 Memo Item

C. 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 ▼ 1500.03

Date of Receipt 09 / 09 / 2023
Transaction ID : 17610209
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	281.67
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 27 OF 159
	<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. Rice, Lori, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box78006
 City Boerne State TX Zip Code 78006-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frost Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 09 / 2023
Transaction ID : 17610210
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Goodman, Rondi, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3412 Brennan Drive
 City Raleigh State NC Zip Code 27613-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodman Medicare Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 10 / 2023
Transaction ID : 17610240
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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 ▼ 1265.00

Date of Receipt 09 / 10 / 2023
Transaction ID : 17610241
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 159
	<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. Freeman, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 10 / 2023
Transaction ID : 17610242
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Buffum, Ronald, S., SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3016 Rock Rose Pl
 City Round Rock State TX Zip Code 78665-3821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Buffum Group LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 10 / 2023
Transaction ID : 17610244
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Buza, Raymond, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 22nd St
 City Vero Beach State FL Zip Code 32960-6035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Insurance Advisory Group, I Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 10 / 2023
Transaction ID : 17610245
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line 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 159
	<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. Lordigyan, Craig, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Jenny Jump Road
 City Blirstown State NJ Zip Code 07825-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lordigyan Insurance Agency, LLC Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 10 / 2023
Transaction ID : 17610247
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hartley, Lawrence, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2040 Main Street Suite 450
 City Irvine State CA Zip Code 92614-8274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Risk Strategies Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 10 / 2023
Transaction ID : 17610248
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Rogers, Malia, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2966
 City Hayden State ID Zip Code 83835-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MediGap Pros LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 11 / 2023
Transaction ID : 17610275
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 159
	<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. Block, Howard, , SGS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8722 Oak Kolbe Ln

City Houston	State TX	Zip Code 77080-1468
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Evry Health	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
09		11		2023

Transaction ID : 17610276

Amount of Each Receipt this Period
30.00

Memo Item

B. 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 ▼
1805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2023

Transaction ID : 17610277

Amount of Each Receipt this Period
170.00

Memo Item

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

Mailing Address 7320 N La Cholla Blvd.
154-219

City Tucson	State AZ	Zip Code 85741-2309
----------------	-------------	------------------------

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

Name of Employer (for Individual) Sandbrook Group	Occupation (for Individual) Ins. Broker
------------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
567.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2023

Transaction ID : 17610278

Amount of Each Receipt this Period
63.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	263.00
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 159
	<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. May, Robert, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 East Main Suite A
 City Puyallup State WA Zip Code 98372-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert L. May & Associates, Inc. DBA H Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 17610491
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cunix, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6690 Beta Drive Suite 102
 City Mayfield Village State OH Zip Code 44143-2359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cunix Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 17610494
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Gertz, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 S. Riverside Plaza Suite 900
 City Chicago State IL Zip Code 60606-5975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USI Insurance Services Occupation (for Individual) Compliance Project Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 17610496
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line 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 159
	<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. Brannon, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Terrace Way, Suite B
 City Greensboro State NC Zip Code 27403-3663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Group US, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 17610499
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Roberts, Paul, H., BBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3712 3rd Avenue #4
 City San Diego State CA Zip Code 92103-4168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Word & Brown General Agency Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 17610506
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Vipond, Elizabeth, T., CLU, CFP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Cumberland Av Unit 1903
 City Tampa State FL Zip Code 33602-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Senior Health Advisor Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 17610508
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	72.00
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 159
	<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. 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 ▼ 961.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 17610743
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hatfield, Matthew, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2207 Springfield Avenue
 City Fort Wayne State IN Zip Code 46805-1541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hatfield Insurance Services LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2023
Transaction ID : 17610772
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Jensen, Cerrina, , CHRS, CBC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12846 Knightsbrook Ave
 City Rancho Cordova State CA Zip Code 95742-6625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SolV Independent Insurance Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2023
Transaction ID : 17610773
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Scholz, Paul, J., ,		Date of Receipt MM / DD / YYYY 09 / 13 / 2023
Mailing Address 4221 N 203rd St Ste 200		Transaction ID : 17610775
City Elkhorn	State NE	
Zip Code 68022-3474		Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) OCI Insurance & Financial Services	Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Blakely, Russ, , ,		Date of Receipt MM / DD / YYYY 09 / 13 / 2023
Mailing Address 246 E 11th Street Suite 302		Transaction ID : 17610776
City Chattanooga	State TN	
Zip Code 37402-4269		Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Russ Blakely & Associates, LLC	Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Daugherty, Cathy, M., ,		Date of Receipt MM / DD / YYYY 09 / 13 / 2023
Mailing Address 3071 Via Serena N. Unit A.		Transaction ID : 17610777
City Laguna Woods	State CA	
Zip Code 92637-0416		Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Bridgeport Benefits	Occupation (for Individual) Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 840.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 159
	<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. Schiebel, Al, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Glenlake Parkway
 North Tower, Suite 1050
 City Atlanta State GA Zip Code 30328-3495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiebel & Associates, LLC dba Shopben Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt 09 / 13 / 2023
Transaction ID : 17610778
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Anderson, Corey, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11247 69th St NE Albertville
 City Albertville State MN Zip Code 55301-4576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corey Anderson Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 13 / 2023
Transaction ID : 17610780
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Chornak, Shelley, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612107
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.00
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 159
	<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. Benkowski, Patricia, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4688 W Jennifer Ave
 Ste 103
 City Fresno State CA Zip Code 93722-6418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PBT Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612108
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Lovich, Cathryn, Robin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 Lee Elgin Road
 City Woolwine State VA Zip Code 24185-3790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cathryn R. Lovich, LLC dba Gardner Ins Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612109
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Smith, John, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 N Boulevard
 City Anderson State SC Zip Code 29621-4830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHK & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612110
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 159
	<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. 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 ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2023
Transaction ID : 17612112
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. Sutton, Trent, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2824 Poleline Rd., # A
 City Pocatello State ID Zip Code 83201-6177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Real Benefit Solutions 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
 09 / 14 / 2023
Transaction ID : 17612114
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Matznick, Michael, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Cottingham Ct
 City Greensboro State NC Zip Code 27410-8362
 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 ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2023
Transaction ID : 17612115
 Amount of Each Receipt this Period
 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	114.00
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 159
	<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. Johnson, David, S., LUTCF,RHU,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12138 Big Canoe
 City Big Canoe State GA Zip Code 30143-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David S. Johnson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612116
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hensley, Lizette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 84
 City Royse City State TX Zip Code 75189-0084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hensley Insurance Solutions Agency Inc Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612117
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 878.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612119
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	167.00
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 159
	<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. Daidone, Grace, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 S. Virginia
 City Reno State NV Zip Code 89502-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612121
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Stott, Wendi, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 331 Village Pointe Plaza Ste 304
 City Omaha State NE Zip Code 68118-6402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medica Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 14 / 2023
Transaction ID : 17612210
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Blevins, Andrea, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 E. 33rd Place
 City Tulsa State OK Zip Code 74105-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catalyst Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 15 / 2023
Transaction ID : 17612239
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 405.00
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 159
	<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. Bellman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9120 Branch Hollow Dr
 City Dallas State TX Zip Code 75243-7510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2023
Transaction ID : 17612240
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Easterling, Sy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2909 13th St 6th Floor
 City Gulfport State MS Zip Code 39501-1925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BXS Insurance Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2023
Transaction ID : 17612242
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stair, B. Gene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6626 Silvermine Dr. Suite 500
 City Austin State TX Zip Code 78736-1785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stair & Associates LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2023
Transaction ID : 17612243
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 159
	<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. Banchy, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4233 Southtowne Drive
 City Eau Claire State WI Zip Code 54701-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 17650009
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Frankel, Teri, Frankel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21820 Burbank Blvd Suite 300
 City Woodland Hills State CA Zip Code 91367-6485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leavitt Insurance Services of Los Ange Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 17650010
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Kennedy, Tamara, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7310 N 16th Street Suite 226
 City Phoenix State AZ Zip Code 85020-8212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 17650013
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Owens, David, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Hazelwood Lane
 City Kinnelon State NJ Zip Code 07405-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E.B. Cohen Insurance & Risk Management Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 17650015
 Amount of Each Receipt this Period 85.00
 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 ▼ 795.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 17650017
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 1315.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 17650019
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 159
	<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. 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 ▼ 865.00

Date of Receipt 09 / 16 / 2023
Transaction ID : 17650021
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Hild, Donald, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2640 Willard Dairy Rd. Suite 122
 City HIGH POINT State NC Zip Code 27265-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Moon Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650046
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Douglas, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Woodboro Dr
 City Huntington Beach State CA Zip Code 92649-4949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Sync Insurance Occupation (for Individual) Vice President Employee Benefits
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650051
 Amount of Each Receipt this Period 35.00
 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 44 OF 159
	<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. Ashford, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 S Frankfort Avenue Suite 205
 City Tulsa State OK Zip Code 74120-4247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vision Care Direct of Oklahoma Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 890.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650053
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Wakamoto-Lee, Sue, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 E Date St
 City Brea State CA Zip Code 92821-5402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Claremont Insurance Services Occupation (for Individual) Producer/ Consultant
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 308.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650055
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Taylor, June, Kaye, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8046 Genesta Ave
 City Van Nuys State CA Zip Code 91406-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650056
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	127.00
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 159
	<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. Tompkins, Daniel, R., , JD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 Windward Concourse
 Suite 290
 City Alpharetta State GA Zip Code 30005-2291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Admin America, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650057
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Clark, Valerie, Jeanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 Hammill Ln
 City Reno State NV Zip Code 89511-2045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clark and Associates of Nevada Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650058
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Balla, Donald, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 371 Steeplechase Drive
 City Cranberry Twp State PA Zip Code 16066-2239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alera Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650059
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 159
	<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. Paulus, Raquel, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1368 Business Park Drive
 City Traverse City State MI Zip Code 49686-8640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peterson McGregor 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
 09 / 17 / 2023
Transaction ID : 17650060
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Mason, Gerene, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 South River Road, Suite A-20
 City Saint George State UT Zip Code 84790-8318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Utah Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2023
Transaction ID : 17650066
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Elam, Michael, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9000 Northpark Drive
 City Johnston State IA Zip Code 50131-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delta Dental of Iowa Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2023
Transaction ID : 17650068
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line 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 159
	<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. Law, Marv, , CLTC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45345 Carrie Ln
 City La Quinta State CA Zip Code 92253-4291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthBridge Insurance Solutions Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 17 / 2023
Transaction ID : 17650069
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Walker, Beth, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 Lillo Court
 City Boulder City State NV Zip Code 89005-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 17650103
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Maggiore, Joseph, William, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 911 First Colonial Rd.
 City Virginia Beach State VA Zip Code 23454-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Legacy Planning Alliance, Inc. Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 17650108
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 159
	<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. Berezcki, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Beckstrom Drive
 City Oviedo State FL Zip Code 32765-5913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SelectSource Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 17650109
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Anderson, Michael, , , REBC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 American Blvd W Suite 1500
 City Minneapolis State MN Zip Code 55431-4429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Benefit Partners Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 17650110
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Singleton, Terry, , , REBC,CFP,C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 195579
 City Winter Springs State FL Zip Code 32719-5579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Enterprise Team Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1765.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 17650113
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eckard, Brenda, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 North 25th Street
 City Fort Dodge State IA Zip Code 50501-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 17650115
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Kanter, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 246 Lombard St Ste B
 City Thousand Oaks State CA Zip Code 91360-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Get Benefits Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 19 / 2023
Transaction ID : 17676488
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Riggs, Donald, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 14788
 City Irvine State CA Zip Code 92623-4788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 19 / 2023
Transaction ID : 17676490
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 159
	<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. 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 ▼ 1165.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676629
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Keneipp, Wendy, , ,
 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) Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676632
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bly, Perry, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 N Sycamore Ave
 Ste 2
 City Sioux Falls State SD Zip Code 57110-5737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pernell Insurance Agency, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676633
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 159
	<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. 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 ▼ 1395.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676634
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Cross, Danny, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48170 Hjorth St #93
 City Indio State CA Zip Code 92201-7801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D Cross Insurance Marketing Services Occupation (for Individual) Insurance Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676636
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Skinner, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1277
 City Bloomington State IN Zip Code 47402-1277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hoosier Dental Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676638
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 159
	<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. Samuels, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8430 W Lake Mead #100
 City Las Vegas State NV Zip Code 89128-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Concepts of Nevada Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676639
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Trogdon, Zac, Lorange, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5090 N. Fruit Ave, Ste 103
 City Fresno State CA Zip Code 93711-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sontro Insurance Solutions, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 20 / 2023
Transaction ID : 17676640
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Moore, Adrian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cigna Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676889
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 159
	<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. 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 ▼ 925.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676894
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Washko, Carla, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7251 Engle Rd. Suite 103
 City Cleveland State OH Zip Code 44130-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sage Partners, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 434.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676895
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Harris, Deborah, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1236 122nd Ave
 City Hopkins State MI Zip Code 49328-9623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brooks Agency LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 263.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676896
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 139.00
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 159
	<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. Kidder, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Newport Blvd
 Ste 190
 City Newport Beach State CA Zip Code 92663-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sue Kidder Health & Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676898
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hall, Dwight, , CHC, LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6107 Hazelwood Ave.
 City Indianapolis State IN Zip Code 46228-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D Hall & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676900
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Matznick, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 Cottingham Ct.
 City Greensboro State NC Zip Code 27410-8362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Triune Technologies, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676902
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hain, Erica, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Pheasant Run Road
 100 North Academy Avenue
 City Newtown State PA Zip Code 18940-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johnson Kendall Johnson Occupation (for Individual) Senior Director, Commercial Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676904
 Amount of Each Receipt this Period 100.00
 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 ▼ 980.50

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676905
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Trevino, Terrie, L., CHC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Main Street, 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 ▼ 396.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676906
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Scott, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 Northwest Pkwy
 City San Antonio State TX Zip Code 78249-3348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Healthcare Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676907
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Sterner, Heidi, J., PAHM, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3402 Cinnamon Creek Ave
 City North Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 788.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676908
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Mobley, Dennis, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 795 Woodlands Parkway Suite 101
 City Ridgeland State MS Zip Code 39157-5217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SouthGroup Benefits Consultants, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 09 / 21 / 2023
Transaction ID : 17676910
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	147.00
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 159
	<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. Croft, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 Burks Hill Rd
 City Bedford State VA Zip Code 24523-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Croft Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677024
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Baer, Farren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 New York Ave., NW Suite 1100
 City Washington State DC Zip Code 20005-3987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAHU Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677027
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Bryant, Jolene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7317 W Montgomery Rd
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Benefit Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677029
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.00
TOTAL This Period (last page this line 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 159
	<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. Wild, Trei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Five Cowboys Way
 Suite 300
 City Frisco State TX Zip Code 75034-2074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services CBDO Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677031
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Webb, Amy, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 E. Main Street
 Suite 200
 City Moorestown State NJ Zip Code 08057-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saratoga Benefit Services, LLC. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677032
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Ringer, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 12th Street
 City Huntington Beach State CA Zip Code 92648-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ringer Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677034
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 159
	<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. Boaz, Daniel, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5565 Roberts Drive
 Suite 100
 City Atlanta State GA Zip Code 30338-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthLife Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677035
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Qualizza, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12877 W. 151st Street
 City Olathe State KS Zip Code 66062-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associate Insurance Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677036
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bechtold, Annette, , REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 Stone Cliff Trce
 City Cleveland State GA Zip Code 30528-5397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forte Consulting Atlanta Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677038
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
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 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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 ▼ 1590.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 17677040

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 18130 N 64th Dr W

City Glendale State AZ Zip Code 85308-1068

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

Name of Employer (for Individual) RS Assurance Occupation (for Individual) Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677119

Amount of Each Receipt this Period 30.00

Memo Item

C. Coker, Kenneth, Wayne, REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 W I St

City Benicia State CA Zip Code 94510-3026

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

Name of Employer (for Individual) CokerWayne & Associates Occupation (for Individual) Broker Sales

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677120

Amount of Each Receipt this Period 30.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 159
	<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. Bilhartz, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41865 Boardwalk Ste 108
 City Palm Desert State CA Zip Code 92211-9031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bilhartz Desert Insurance Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 764.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677124
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Reeves, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3702 Brownsboro Rd
 City Louisville State KY Zip Code 40207-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Benefits, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677126
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Braner, Jodie, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Six Concourse Parkway Suite 2750
 City Sandy Springs State GA Zip Code 30328-6243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677127
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 159
	<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. McClaskey, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1965 Pine Street
 City Redding State CA Zip Code 96001-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barbara McClaskey Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2023
Transaction ID : 17677128
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Pendergraft, Ross, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16622 Calahan Street
 City North Hills State CA Zip Code 91343-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2023
Transaction ID : 17677130
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Siino, Thomas, , RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 Clifton Avenue
 City Clifton State NJ Zip Code 07013-3622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Executive Benefits Group, LLC 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
 09 / 23 / 2023
Transaction ID : 17677131
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 159
	<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 ▼ 1605.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677132
 Amount of Each Receipt this Period 170.00
 Memo Item

B. Berger, Stephanie, , LPRT, CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Flynn Rd Suite 102
 City Camarillo State CA Zip Code 93012-8741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centered Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677133
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Gadinas, Kathy, M., CLTC,
 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 Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677134
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 159
	<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. Goodman, Robert, Hiram, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 7th Avenue South
 City Birmingham State AL Zip Code 35233-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2023
Transaction ID : 17677136
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Elizondo, Lizeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 721 South Parker, Suite 200
 City Orange State CA Zip Code 92868-4772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Choice Administrators Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677208
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kramer, Sherrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 E Ireland Rd
 City South Bend State IN Zip Code 46614-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Sanders Agency Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677212
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	126.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 159
	<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. Mackin, Martin, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5133 Harding Pike
 Ste. B10 - 284
 City Nashville State TN Zip Code 37205-2891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foresight Benefits, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2023
Transaction ID : 17677214
 Amount of Each Receipt this Period
 63.00
 Memo Item

B. Clark, Jonathan, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 Baxter Drive
 City South Jordan State UT Zip Code 84095-8687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fringe Benefit Analysts, An Alera Grou 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
 09 / 24 / 2023
Transaction ID : 17677215
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Tellesbo-Kembel, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Lake Bellevue, Suite 100
 City Bellevue State WA Zip Code 98005-2480
 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 ▼ 1530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2023
Transaction ID : 17677217
 Amount of Each Receipt this Period
 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	263.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 159
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. McConaughy, John, R., ,

Mailing Address **PO Box 805**

City **West Chester** State **OH** Zip Code **45071-0805**

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

Name of Employer (for Individual) **JRM & Associates Agency, Inc** Occupation (for Individual) **Broker**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
09 / 24 / 2023
Transaction ID : 17677218

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address **514 W Bankhead Hwy Ste 300**

City **Villa Rica** State **GA** Zip Code **30180-1737**

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

Name of Employer (for Individual) **Westwood Agency** Occupation (for Individual) **Vice President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
09 / 24 / 2023
Transaction ID : 17677220

Amount of Each Receipt this Period
30.00

Memo Item

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

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 ▼ **2210.00**

Date of Receipt
09 / 24 / 2023
Transaction ID : 17677223

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	322.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 159
	<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. Bartholomew, Rhonda, , CHRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5099
 City Twin Falls State ID Zip Code 83303-5099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB International Occupation (for Individual) Group Division Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677224
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Pittman, Joseph, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 24133
 City Omaha State NE Zip Code 68124-0133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Creative Association Management Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677225
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Barrera, Rolando, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 N Upper Broadway St Suite 102
 City Corpus Christi State TX Zip Code 78401-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roland Barrera Insurance Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677227
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 159
	<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. Fugitt-Hetrick, Pamela, Leigh, LUTCF, PPC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 Soquel Avenue
 City Santa Cruz State CA Zip Code 95062-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DCD Financial & Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677228
 Amount of Each Receipt this Period 30.00
 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 ▼ 1840.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677229
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Loy, Dana, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 660
 City Scottsburg State IN Zip Code 47170-0660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heritage Insurance and Investments Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 24 / 2023
Transaction ID : 17677231
 Amount of Each Receipt this Period 42.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 159
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Address, Carolyn, Marie, REBC,

Mailing Address 1959 Highway 34 2nd Floor

City Wall Township State NJ Zip Code 07719-9760

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

Name of Employer (for Individual) HUB International Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677307

Amount of Each Receipt this Period 30.00

Memo Item

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

Mailing Address 1420 NW Lovejoy St Apt 725

City Portland State OR Zip Code 97209-2752

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 ▼ 965.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677308

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 17347 Napa St

City Sherwood Forest State CA Zip Code 91325-3441

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

Name of Employer (for Individual) Paul Davis Insurance Services Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677310

Amount of Each Receipt this Period 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 159
	<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. McComb, Margaret, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21862 Seacrest Lane
 City Huntington Beach State CA Zip Code 92646-8226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McComb Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023
Transaction ID : 17677319
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Upchurch, Mitch, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 N Lafayette
 City Muncie State IN Zip Code 47303-9272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Upchurch Insurance Services Occupation (for Individual) President
 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
 09 / 25 / 2023
Transaction ID : 17677321
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Flowers, Jeannette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Hickory St
 City Liverpool State NY Zip Code 13088-4416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WellNet Healthcare 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
 09 / 25 / 2023
Transaction ID : 17677323
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 159
	<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. Todd, Helen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Financial Centre Pkwy
 Ste 300
 City Little Rock State AR Zip Code 72211-3588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677324
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Thal, Harry, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2137
 11006 Kernville Rd #1
 City KERNVILLE State CA Zip Code 93238-2137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harry P. Thal Insurance Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677325
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Currier, Craig, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5123 N. 112th
 City Omaha State NE Zip Code 68164-2157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross and Blue Shield of Nebraska Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677326
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Lucas, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1089
 City Richmond Hill State GA Zip Code 31324-1089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bill Lucas & Associates Insurance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677327
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Todd, Richard, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Belle Meadow Lane
 City Little Rock State AR Zip Code 72210-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677331
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Todd, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7011 Lucea Rd
 City Little Rock State AR Zip Code 72210-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunstar Insurance of AR Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2023
Transaction ID : 17677332
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 OF 159
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ramirez, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1003 E Best Ave
 City Coeur D Alene State ID Zip Code 83814-4868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dirks Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677856
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Freridge, Thomas, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4664 South Blvd Suite 200B
 City Virginia Beach State VA Zip Code 23452-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Choice Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677857
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Hollister, Rachel, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 NW FEDERAL HWY STE 224
 City STUART State FL Zip Code 34994-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hollister Insurance Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677858
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 159
	<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. Hollister, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 NW FEDERAL HWY SUITE 224
 City Stuart State FL Zip Code 34994-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hollister Insurance Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677859
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Grant, Staci, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Glendale Ave
 City Livingston State NJ Zip Code 07039-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry O. Baker Insurance Group Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677860
 Amount of Each Receipt this Period 30.00
 Memo Item

C. MacDermid, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3611 River Rd Suite 110
 City Yakima State WA Zip Code 98902-7350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Solutions Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 947.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677861
 Amount of Each Receipt this Period 90.00
 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 75 OF 159
	<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. Rivera, Michael, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13201 N.W. Fwy. Suite 265
 City Houston State TX Zip Code 77040-6165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest General Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677863
 Amount of Each Receipt this Period 85.00
 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) Innovative Insurance Solutions Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1154.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677864
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Gutierrez, Antonio 'Tony', , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12833 River Dance Dr.
 City Raleigh State NC Zip Code 27613-7093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefitcare.com Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677865
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 159
	<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. 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 ▼ 1369.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677866
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Schneider, Chad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4470 Woodman Ave Apt 303
 City Sherman Oaks State CA Zip Code 91423-5520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Origin Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677867
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Holloway, Ryan, K., CBC, SGS,P,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4325 Elm St Suite 200
 City Dallas State TX Zip Code 75226-1161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holloway Benefit Concepts Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677868
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 159
	<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. Haff, Jenni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Lariat Drive
 City San Antonio State TX Zip Code 78232-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insgroup San Antonio Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677871
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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 ▼ 890.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677872
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Tretter, Robert, C., CLU, ChFC,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6222 Spring Lake Drive
 City Hamilton State OH Zip Code 45011-8189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt 09 / 26 / 2023
Transaction ID : 17677873
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	157.00
TOTAL This Period (last page this line 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 78 OF 159
	<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. Bolt, Misty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 Kingsridge Dr
 City Hixson State TN Zip Code 37343-2867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedicareMisty Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2905.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023
Transaction ID : 17677970
 Amount of Each Receipt this Period
 415.00
 Memo Item

B. Brooks, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1024 N Elm Pl
 City Broken Arrow State OK Zip Code 74012-1603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flippo Insurance Occupation (for Individual) Insurance Sales
 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
 09 / 27 / 2023
Transaction ID : 17677975
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Yarn, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 Prairie Dune Way
 City Orlando State FL Zip Code 32828-8860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WalkOnClinic Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023
Transaction ID : 17677976
 Amount of Each Receipt this Period
 85.00
 Memo Item

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 79 OF 159
	<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. Parkin, Lars, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6143 S Willow Dr
 Suite 200
 City Greenwood Village State CO Zip Code 80111-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warner Pacific Insurance Services Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 27 / 2023
Transaction ID : 17677979
 Amount of Each Receipt this Period 85.00
 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 ▼ 925.00

Date of Receipt 09 / 27 / 2023
Transaction ID : 17677980
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Franke, Gary, , MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Bellevue Way NE
 Suite 8A-545
 City Bellevue State WA Zip Code 98004-4280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Achieve Alpha Insurance, LLC Occupation (for Individual) Health Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 09 / 27 / 2023
Transaction ID : 17677981
 Amount of Each Receipt this Period 12.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Brown, Carey, H., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Six Concourse Parkway
Suite 2750

City Atlanta State GA Zip Code 30328-6243

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

Name of Employer (for Individual) The Benefit Company Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 27 / 2023
Transaction ID : 17677982

Amount of Each Receipt this Period
 50.00

Memo Item

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 ▼ 3810.00

Date of Receipt
 09 / 27 / 2023
Transaction ID : 17677983

Amount of Each Receipt this Period
 415.00

Memo Item

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

Mailing Address 2950 Breckenridge Lane, Suite 8A

City Louisville State KY Zip Code 40220-1462

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 09 / 27 / 2023
Transaction ID : 17677986

Amount of Each Receipt this Period
 85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 159
	<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. Johnson, Suzanne, K., , RHU, CEBS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1024 Southstone Drive

City Charlotte	State NC	Zip Code 28210-3029
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2023

Transaction ID : 17677987

Amount of Each Receipt this Period
85.00

Memo Item

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

Mailing Address 2241 E Skelly Drive
Suite 102

City Tulsa	State OK	Zip Code 74105-5941
---------------	-------------	------------------------

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

Name of Employer (for Individual) Spirit Financial Concepts, Inc	Occupation (for Individual) Owner
---------------------------------------------------------------------	--------------------------------------

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
09		27		2023

Transaction ID : 17677988

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 23161 Ventura Blvd
Ste 100

City Woodland Hills	State CA	Zip Code 91364-1186
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Underhill Insurance Agency, a dba of F	Occupation (for Individual) Insurance agent
-----------------------------------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1015.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2023

Transaction ID : 17677989

Amount of Each Receipt this Period
85.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 159
	<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. Adam, Ashely, N., CEBS, GBA,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2717 N 118th Street
 Suite 300
 City Omaha State NE Zip Code 68164-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare 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
 09 / 27 / 2023
Transaction ID : 17677990
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Pleasants, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6726 Stuyvesant Ct.
 City Corpus Christi State TX Zip Code 78414-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UnitedHealthcare Employer & Individual Occupation (for Individual) Account Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023
Transaction ID : 17677992
 Amount of Each Receipt this Period
 63.00
 Memo Item

C. 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 ▼ 1605.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023
Transaction ID : 17677993
 Amount of Each Receipt this Period
 170.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	263.00
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 83 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Roy, Matthew, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Blue Ocean Benefits & Consulting L
 1971 State Route 34
 City Wall Township State NJ Zip Code 07719-9750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Ocean Benefits & Consulting, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 09 / 27 / 2023
Transaction ID : 17677994
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Jackson, Jerry, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 N. Maplewood Ave.
 City Peoria State IL Zip Code 61606-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jackson Financial Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 09 / 27 / 2023
Transaction ID : 17677996
 Amount of Each Receipt this Period
 42.00
 Memo Item

C. Leavitt, Scott, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8620 W Emerald St
 Ste 130
 City Boise State ID Zip Code 83704-4826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gem State Financial Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 27 / 2023
Transaction ID : 17677997
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 159
	<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. Stivers, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2660 Olivet Church Road, Suite #1
 City Paducah State KY Zip Code 42001-9703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HollandStivers Employer Solutions, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 27 / 2023
Transaction ID : 17677998
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Reddy, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 River Pointe Drive
 City Elkhart State IN Zip Code 46514-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Ins. & Benefits Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 27 / 2023
Transaction ID : 17678001
 Amount of Each Receipt this Period 85.00
 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 ▼ 1940.00

Date of Receipt 09 / 27 / 2023
Transaction ID : 17678003
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 159
	<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. Hollister, Deborah, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 NW Federal Hwy
 Suite 224
 City Stuart State FL Zip Code 34994-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hollister Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt 09 / 27 / 2023
Transaction ID : 17678004
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Ambro, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Lackland Industrial Drive
 City Saint Louis State MO Zip Code 63146-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The ECCHIC Group Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678579
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Burett, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Broad Street
 35th Floor
 City New York State NY Zip Code 10004-2952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brio Benefit Consulting Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678582
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 159
	<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. Kapostins, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3843 Rock Hill Loop
 City Apopka State FL Zip Code 32712-4792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kapsher Consulting, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 17678583
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Bear, Dale, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2027 Scott Station Rd
 City Jefferson City State MO Zip Code 65109-8425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expat Solutions International dba ESI Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 17678584
 Amount of Each Receipt this Period
 63.00
 Memo Item

C. Powelson, Janet, , ChHC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3697 MT. DIABLO BLVD., SUITE 100
 City Lafayette State CA Zip Code 94549-3769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epic Insurance Brokers Occupation (for Individual) Compliance Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 17678587
 Amount of Each Receipt this Period
 24.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 159
	<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. Rojas, Pedro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1545 E Iron Eagle Dr Ste 101
 City Eagle State ID Zip Code 83616-7079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountain Health CO-OP Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678588
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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 ▼ 985.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678591
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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 ▼ 815.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678593
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Chavez, Chandler, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2355 E. Camelback Road
 Suite 503
 City Phoenix State AZ Zip Code 85016-9039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Principal Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678595
 Amount of Each Receipt this Period 85.00
 Memo Item
 Membership Form

B. Good, Gaylan, Lester, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3023 N. Ruffy's Way
 City Bloomington State IN Zip Code 47404-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) L&C Marketing, LLC Occupation (for Individual) Insurance Broker Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678598
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Malvich, Marlayna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4125 Cass Elizabeth Rd
 City Waterford State MI Zip Code 48328-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678599
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 159
	<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. West, Kimberly, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3581 Woodland Dr
 City Highland State MI Zip Code 48356-2366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kim West Insurance Benefits LTD Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678601
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Barrett, William, J., CLU, ChFC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Keswick Commons
 City New Albany State OH Zip Code 43054-8231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678602
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Altman, Lauren, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 755 Teaberry St
 City Encinitas State CA Zip Code 92024-3353
 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 09 / 28 / 2023
Transaction ID : 17678603
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 90 OF 159
	<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. Ruffin, Helena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5700 Timber Ln
 City Charlotte State NC Zip Code 28270-5270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ruffin Insurance Solutions, Inc. Occupation (for Individual) President
 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
 09 / 28 / 2023
Transaction ID : 17678605
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kinley, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2417 Cimarrone Blvd
 City Saint Johns State FL Zip Code 32259-2184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthEquity 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
 09 / 28 / 2023
Transaction ID : 17678607
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Stubbs, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 337
 City Jerome State ID Zip Code 83338-0337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hall and Associates Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 17678610
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 91 OF 159
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patton, Rhonda, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 751180
 City Petaluma State CA Zip Code 94975-1180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Patton & Spahr Insurance Services Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 17678611
 Amount of Each Receipt this Period
 63.00
 Memo Item

B. Kowalczyk-Gonzalez, CarrieAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6568 S Federal Way #213
 City Boise State ID Zip Code 83716-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Personal Touch Ins & Benefits, LLC Occupation (for Individual) Health Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 17678613
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Harrington, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 K Ave Ste 104
 City Plano State TX Zip Code 75074-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harrington Insurance Solutions, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : 17678614
 Amount of Each Receipt this Period
 85.00
 Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 159
	<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. Blasman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Lewis Road, Suite 14
 City Agoura Hills State CA Zip Code 91301-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Benefits Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678616
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Johnson, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 252 Apacheria Pass W
 City Comfort State TX Zip Code 78013-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SJ Insurance Group, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678617
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Blackford, Stephen, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11481 Old St. Augustine Rd., # 201
 City Jacksonville State FL Zip Code 32258-1475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Blackford Group Occupation (for Individual) Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678618
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 159
	<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. Lardiere, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 Dyckman Place
 City Basking Ridge State NJ Zip Code 07920-1427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Savoy Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678619
 Amount of Each Receipt this Period 30.00
 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, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678620
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Scopp, Kenneth, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Montana Avenue #906
 City Santa Monica State CA Zip Code 90403-1652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Financial Resources Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678623
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
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 94 OF 159
	<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. Lubenow, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 West Main Street
 Suite 101
 City Moorestown State NJ Zip Code 08057-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubenow Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678624
 Amount of Each Receipt this Period 85.00
 Memo Item

B. 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 ▼ 1350.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678627
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Selinsky, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28638 Oak Point Drive
 City Farmington Hills State MI Zip Code 48331-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Zenith American Solutions Occupation (for Individual) Director of Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678628
 Amount of Each Receipt this Period 85.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Morrison, James, M., RHU,REBC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2710 Gateway Rd
 City Carlsbad State CA Zip Code 92009-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morrison Insurance Services, Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678629
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Bratteli, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Old Bullard Road, Suite 600-4
 City Tyler State TX Zip Code 75703-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bratteli Benefit Consulting, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678630
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Freeman, Patrick, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 Oak Street
 City Laguna Beach State CA Zip Code 92651-2920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Laguna Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678631
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 159
	<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. Stocks, Deborah, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 LAKE LOREINE LN
 City Henrico State VA Zip Code 23233-2523
 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 ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678633
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hartman, William, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Airport North Office Park
 City Fort Wayne State IN Zip Code 46825-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hartman Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678634
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wright, Dennis, E., RHU, CSFP,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Chestnut Hills Pky
 City Fort Wayne State IN Zip Code 46814-8934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Plans, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678635
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 159
	<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. Collins, Martha, T., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 N. Mountain Avenue Suite 208
 City Upland State CA Zip Code 91786-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678636
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Sheehan, Norman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 Beaver St
 City Santa Rosa State CA Zip Code 95404-3731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norman Sheehan Insurance Agency LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678637
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Bravo, Gilbert, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8340 N. Thornydale Rd. Suite 110-335
 City Tucson State AZ Zip Code 85741-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bravo Insurance Solutions Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678638
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 98 OF 159
	<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, 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 ▼ 2300.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678640
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Penson Block, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1809
 City Candler State NC Zip Code 28715-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Specialties, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678641
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Gant, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 North Weinbach Avenue
 City Evansville State IN Zip Code 47711-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schultheis Life & Health Agency Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678642
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	322.00
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 99 OF 159
	<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. Norman, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1231 East Beltline NE MC1335
 City Grand Rapids State MI Zip Code 49525-4501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PriorityHealth Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678643
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Tower, Kimberly, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 E ParkCenter Blvd, Suite 100
 City Boise State ID Zip Code 83706-6512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PacificSource Health Plans Occupation (for Individual) Sales Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678644
 Amount of Each Receipt this Period 30.00
 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 ▼ 890.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678645
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line 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 100 OF 159
	<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. Coley, Maggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Olde Gate Court
 City Pooler State GA Zip Code 31322-8281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coley Benefit Services, Inc Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678646
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Burns, Patrick, , CEBS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5653 Maxwellton Road
 City Oakland 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 ▼ 1780.00

Date of Receipt 09 / 28 / 2023
Transaction ID : 17678647
 Amount of Each Receipt this Period 170.00
 Memo Item

C. Villagran, Denise, S., MBA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 S Carancahua St Ste 301
 City Corpus Christi State TX Zip Code 78401-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 90 Degree Benefits/Entrust, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433061232667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	242.00
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 101 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Schreder, Lynn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5501 NW 86th Street
 Suite 700
 City Johnston State IA Zip Code 50131-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KHI Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433076132667
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

B. Rubio, Hilario, Francisco, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 Grand Ave
 City Las Vegas State NM Zip Code 87701-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rubio Financial, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1003.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433085732667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Adams, Carla, , CBC, GBA,,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Bridget Dr
 City Marble Falls State TX Zip Code 78654-4127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Isolved Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433095032667
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 159
	<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. Deacon, Joseph, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 1/2 Hale St
 City Charleston State WV Zip Code 25301-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deacon & Deacon Insurance & Benefits C Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433129332667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Sweaney, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13231 Champion Forest Dr., Ste 305
 City Houston State TX Zip Code 77069-2648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Business Health Strategies, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433151832667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. 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 ▼ 1765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433168132667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 159
	<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. Christense, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Sonora Canyon Rd
 City Weatherford State TX Zip Code 76087-8215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Senior Services of Texas Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433187732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Dorman, Harry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 N Casaloma Dr Suite 411
 City Appleton State WI Zip Code 54913-8219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicare Masters, LLC Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433197432667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Long, Scott, W., , CLCS, SGS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1715 Greenway Village Dr
 City Katy State TX Zip Code 77494-2175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cornerstone Preferred Reasources Occupation (for Individual) Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433206832667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 104 OF 159
	<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. Brittain, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 N. Mill
 City Pryor State OK Zip Code 74361-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brown & Brown, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433214332667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Gerken, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5520 Monroe Street Suite A
 City Sylvania State OH Zip Code 43560-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433268332667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Shooshanian, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39500 High Pointe Blvd Ste 400
 City Novi State MI Zip Code 48375-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Alliance Administrators Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433298732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 159
	<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. Vetter, Leah, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10050 Regency Circle
 Suite 300
 City Omaha State NE Zip Code 68114-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arthur J. Gallagher 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
 09 / 30 / 2023
Transaction ID : PR433302732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Lovincey, Rebecca, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16100 NW Cornell Rd #140
 City Beaverton State OR Zip Code 97006-7361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Price Financial Group Occupation (for Individual) Agent
 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
 09 / 30 / 2023
Transaction ID : PR433347132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Ornellas, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 W. Court St.
 City Woodland State CA Zip Code 95695-3080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ornellas & Associates Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : PR433463232667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
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 106 OF 159
	<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. Coogan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 North Bedford Road
 Suite 100
 City Mount Kisco State NY Zip Code 10549-2555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coogan FX Insurance LLC Occupation (for Individual) Agency Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR433548032667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Golden, Johnna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3800 Centerpoint Dr., Ste 940
 City Anchorage State AK Zip Code 99503-5825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premera Blue Cross Blue Shield of Alas Occupation (for Individual) Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR433692832667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Butler, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Civic Circle Suite 200
 City Amarillo State TX Zip Code 79109-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Butler Benefits & Consulting, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR433694532667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 107 OF 159
	<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. Schneider, JoEllen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 W. State Street
 City Boise State ID Zip Code 83702-3955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JS & BK Insurance Occupation (for Individual) Benefit Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR433791832667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Skinner, Roger, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5518 Hammock Glen Drive
 City Indianapolis State IN Zip Code 46235-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aflac Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 274.50

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436789432667
 Amount of Each Receipt this Period 30.50
 Memo Item
 P/R Deduction (\$30.50 Monthly)

C. Van, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7136 S. Yale Ave., Suite 300, #300
 City Tulsa State OK Zip Code 74136-6381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogers Benefit Group, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436801932667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 159
	<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. 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 ▼ 1530.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436821432667
 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 ▼ 1530.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436830332667
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

C. Grundman, Robert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7412 Karl Drive
 City Lincoln State NE Zip Code 68516-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Benefit Strategies Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436838932667
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	390.00
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 109 OF 159
	<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. Wright, Keith, L., ChHC,CLU,R,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 S Garfield Suite 3
 City Traverse City State MI Zip Code 49686-3456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436848532667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Trebing, Louanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Patton Drive
 City Garland State TX Zip Code 75042-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trebing Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436856932667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Freeman, Michael, J., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2333 Camino Del Rio South Suite 200
 City San Diego State CA Zip Code 92108-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Countywide Health Ins. Services, Inc. Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436861832667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	102.00
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 110 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wilson, Paula, L.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31930 Daniel Way
 City Temecula State CA Zip Code 92591-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paula Wilson, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436873532667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Trahin, Cindy, K., RHU, CSA,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7127 Homestead Road Suite B
 City Fort Wayne State IN Zip Code 46814-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trahin Insurance Services LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436875632667
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Stuart, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 484 E Carmel Dr Suite 358
 City Carmel State IN Zip Code 46032-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Strategic Insurance Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436883332667
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 111 OF 159
	<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. Janway, Leah-Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 SW 96
 City Oklahoma City State OK Zip Code 73159-6861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436901532667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 1200.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436911032667
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Shaffer, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 South Main Street
 City Findlay State OH Zip Code 45840-3273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Group Benefit Consultants Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436917232667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	160.00
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 112 OF 159
	<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. Kaczmarek, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 N. Chestnut St., Ste. 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **279.00**

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR436923432667
 Amount of Each Receipt this Period **31.00**
 Memo Item
 P/R Deduction (\$31.00 Monthly)

B. Seifert, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3311 NE 115th St.
 City Vancouver State WA Zip Code 98686-3945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR436941632667
 Amount of Each Receipt this Period **50.00**
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Woods, John, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Market Street Suite 110
 City Warren State OH Zip Code 44483-6625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INSURANCE NAVIGATORS AGENCY Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR436950032667
 Amount of Each Receipt this Period **30.00**
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	111.00
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 113 OF 159
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Holland, Robert, V., ,

Mailing Address PO Box 698

City Centralia State WA Zip Code 98531-0698

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

Name of Employer (for Individual) CGA Bob Holland Insurance Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 567.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR436961732667

Amount of Each Receipt this Period
 63.00

Memo Item

P/R Deduction (\$63.00 Monthly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Parker, John, C., RHU, LTCP,

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 ▼
 1125.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR436986832667

Amount of Each Receipt this Period
 125.00

Memo Item

P/R Deduction (\$125.00 Monthly)

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

Mailing Address 800 Avenue C

City Katy State TX Zip Code 77493-2302

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

Name of Employer (for Individual) Splawn & Associates Occupation (for Individual) Broker

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR436992832667

Amount of Each Receipt this Period
 50.00

Memo Item

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	238.00
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 114 OF 159
	<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. Phillips, Paige, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1434 Hwy 301
 City Calera State AL Zip Code 35040-5466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paige Phillips Agency, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR436993032667
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

B. Fristoe, Kelly, Don, LUTCF, SGS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4789
 City Wichita Falls State TX Zip Code 76308-0789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Partners Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437002332667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Thorn, Ryan, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10342 South Springcrest Lane
 City South Jordan State UT Zip Code 84095-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ryan P. Thorn Insurance Planning, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437004032667
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	95.00
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 115 OF 159
	<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. Buie, Scott, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4525 S 2300 E Ste 201
 City Salt Lake City State UT Zip Code 84117-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buie Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437010532667
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. 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 ▼ 975.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437016732667
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Duhon, Keith, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 80158
 City Lafayette State LA Zip Code 70598-0158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Family Insurance Center, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437017132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	180.00
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 116 OF 159
	<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. Kaczmarek, Darlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 N. Chestnut St., Suite 202
 City Ravenna State OH Zip Code 44266-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaczmarek Ins. Services Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 279.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437026332667
 Amount of Each Receipt this Period 31.00
 Memo Item
 P/R Deduction (\$31.00 Monthly)

B. Blizman, Donna, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1939 Racimo Dr
 City Sarasota State FL Zip Code 34240-9426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employee Benefits Marketing Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437031532667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Hayes, Leesa, Kay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 812 Lyndon Lane Suite 101
 City Louisville State KY Zip Code 40222-3844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BIM Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437043332667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	91.00
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 117 OF 159
	<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. Ameling, Mary, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 Wood Lily Circle
 City Leland State NC Zip Code 28451-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ganey, Byrd, & Dunn Insurance Group, I Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR437057732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Olson, Theresa, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 21479
 City Keizer State OR Zip Code 97307-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Olson Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 585.00

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR437070232667
 Amount of Each Receipt this Period 65.00
 Memo Item
 P/R Deduction (\$65.00 Monthly)

C. Alberts, Suzetta, , ,
 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 ▼ 881.00

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR437076132667
 Amount of Each Receipt this Period 84.00
 Memo Item
 P/R Deduction (\$84.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	179.00
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 118 OF 159
	<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, Kevin, W., CLU, RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 674103
 City Marietta State GA Zip Code 30006-0069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KSA Insurance Agency, LLC 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
 09 / 30 / 2023
Transaction ID : PR437077232667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Koehler, Linda, , LPRT CIP C,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Treeble Ct
 City Greensboro State NC Zip Code 27406-5375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Koehler Insurance Agency Occupation (for Individual) Broker
 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
 09 / 30 / 2023
Transaction ID : PR437090132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Stephens, James, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3350 Riverwood Parkway Suite 1900
 City Atlanta State GA Zip Code 30339-2066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall 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
 09 / 30 / 2023
Transaction ID : PR437110732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
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 119 OF 159
	<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. McEvelly, Brian, J., RHU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7260 West Azure Drive #140-201
 City Las Vegas State NV Zip Code 89130-7999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McEvelly Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437117732667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Benton, Bruce, D., , RHU, REBC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20058 Ventura Blvd #10
 City Woodland Hills State CA Zip Code 91364-2637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Genesis Financial & Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437123032667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Antongiovanni, Joanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 N. Loop 1604 W Suite 375
 City San Antonio State TX Zip Code 78248-4535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Higginbotham Ins Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437128032667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 159
	<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. Allard, 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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2023

Transaction ID : PR437182332667

Amount of Each Receipt this Period
150.00

Memo Item

P/R Deduction (\$150.00 Monthly)

B. Debler, Johnnie, O., RHU, ChHC,,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1102 E Laurel St.

City Rockport	State TX	Zip Code 78382-2815
------------------	-------------	------------------------

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

Name of Employer (for Individual) GSM Insurors	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
09		30		2023

Transaction ID : PR437196432667

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 1320 Magnolia Bay Ct

City Maitland	State FL	Zip Code 32751-6472
------------------	-------------	------------------------

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

Name of Employer (for Individual) Fringe Benefit Plans, Inc.	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
09		30		2023

Transaction ID : PR437196732667

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	210.00
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 121 OF 159
	<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. Nace, Joshua, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Madison Avenue Suite 270
 City Toledo State OH Zip Code 43604-1568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Paramount Health & Dental Plans Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR43720332667
 Amount of Each Receipt this Period **30.00**
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Garbina, James, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14010 FNB Pkwy Ste 300
 City Omaha State NE Zip Code 68154-5235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group, LLC dba FNIC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **765.00**

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR43721232667
 Amount of Each Receipt this Period **85.00**
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Cooper, Catherine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17232 Brookview Dr.
 City Livonia State MI Zip Code 48152-4543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4400.00**

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR437218332667
 Amount of Each Receipt this Period **200.00**
 Memo Item
 P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	315.00
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 122 OF 159
	<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. Daubert, James, F., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 67220
 City Lincoln State NE Zip Code 68506-7220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Concord Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437219632667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Semple, Theresa, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Deerfield Rd
 City Sayreville State NJ Zip Code 08872-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Semple Solutions LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437223632667
 Amount of Each Receipt this Period 27.00
 Memo Item
 P/R Deduction (\$12.00 Monthly)

C. Musser, Rita, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 Thames Drive
 City Fort Wayne State IN Zip Code 46815-5994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437229132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	142.00
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 123 OF 159
	<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. Gardner, Joy, K., LUTCF,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10605 Sterling Ridge Way
 City Reno State NV Zip Code 89521-5199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comstock Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437231232667
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Rowe, Peter, L., CLU,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7878 N. 16th Street Suite 130-22
 City Phoenix State AZ Zip Code 85020-4463
 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 ▼ 3860.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437236932667
 Amount of Each Receipt this Period 415.00
 Memo Item
 P/R Deduction (\$415.00 Monthly)

C. Barton, Diane, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 E Britton Rd
 City Oklahoma City State OK Zip Code 73114-7710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gallagher Benefit Services, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437254132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 495.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 124 OF 159
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Merken, Monte, A., ,

Mailing Address 24577 Indian Hill Lane

City West Hills State CA Zip Code 91307-3829

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

Name of Employer (for Individual) Merken Insurance, Petersen Internation Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437256132667

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address 3301 Veterans Drive, Suite 210

City Traverse City State MI Zip Code 49684-4575

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

Name of Employer (for Individual) Mark McLane Insurance Occupation (for Individual) Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437258332667

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Powers-Booth, Sandra, Lee, ,

Mailing Address 4817 S. 175th Street

City Seatac State WA Zip Code 98188-3710

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

Name of Employer (for Individual) Health Benefits Northwest Occupation (for Individual) Broker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437264332667

Amount of Each Receipt this Period 42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00

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 125 OF 159
	<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. Hardy, Allen, D., , LUTCF
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Kosciusko Road
 P.O. Box 89
 City Philadelphia State MS Zip Code 39350-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Philadelphia Security Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437264932667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Harte, Heather, Roberts, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11365 Avant Lane
 City Cincinnati State OH Zip Code 45249-2373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinnacle Health & Benefits Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437268332667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Toups, Jennifer, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #1 Galleria Blvd, Suite 1122
 City Metairie State LA Zip Code 70001-2092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437270532667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 159
	<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. Hissong, James, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8401 Widmer Rd
 City Lenexa State KS Zip Code 66215-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Agent
 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
 09 / 30 / 2023
Transaction ID : PR437274732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Summers, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 West Dodge Road, 5th Floor
 City Omaha State NE Zip Code 68114-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Market Sales, LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2023
Transaction ID : PR437281032667
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Monthly)

C. Grossnickle, Jeff, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1405 North College Avenue
 City Bloomington State IN Zip Code 47404-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Insurance Group Inc. Occupation (for Individual) Agent
 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
 09 / 30 / 2023
Transaction ID : PR437294732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	185.00
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 127 OF 159
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sullivan, TJ, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2023
Mailing Address 235 Front St SE Suite 100			Transaction ID : PR437310532667
City Salem	State OR	Zip Code 97301-3303	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Huggins Insurance Services, Inc.		Occupation (for Individual) Broker	P/R Deduction (\$30.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bell, Marie, D., FLMI,AIAA,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2023
Mailing Address PO Box 1853			Transaction ID : PR437323332667
City Minnetonka	State MN	Zip Code 55345-0853	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) DeRuyter-Bell, LLC		Occupation (for Individual) Broker	P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stiffler, Patricia, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2023
Mailing Address 155 N. Riverview Dr Suite 100			Transaction ID : PR437326132667
City Anaheim	State CA	Zip Code 92808-1225	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Options in Insurance		Occupation (for Individual) Broker	P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 890.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 159
	<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. Duvernay, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 714 Millikens Bend
 City Covington State LA Zip Code 70433-4581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefitsone LLC Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR437344532667
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

B. Bajkowski, Catherine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Industrial Drive, Suite 226
 City Elmhurst State IL Zip Code 60126-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CB Health Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR437361132667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. Thomas, Jeffery, C., CLU,RHU,RE,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3072 Arborwood Blvd.
 City Spring Arbor State MI Zip Code 49283-9663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Small Business Association of Michigan Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 09 / 30 / 2023
Transaction ID : PR437385432667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	109.00
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 129 OF 159
	<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. Bogard, Andrea, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4598 Harrier Court
 City Jeffersonville State IN Zip Code 47130-4486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A. Bogard Insurance Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437400032667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. 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 ▼ 1025.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437416432667
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

C. Gandy, Hollie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 W Interstate 40 Ste 101
 City Amarillo State TX Zip Code 79106-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Safe Money Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437425032667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	160.00
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 130 OF 159
	<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 112 Derby Drive
 City Nicholasville State KY Zip Code 40356-9493
 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 ▼ 435.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437442132667
 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 ▼ 1432.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437454932667
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

C. Powers, Jason, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30724 Explorers Trl
 City De Soto State KS Zip Code 66018-8407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Legacy Brokers, LLC Occupation (for Individual) Employee Benefits Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437467132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	108.00
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 131 OF 159
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Creasy, Marcus, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : PR437474932667
Mailing Address P. O. Box 220			Amount of Each Receipt this Period 30.00
City Heber Springs	State AR	Zip Code 72543-0220	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$30.00 Monthly)
Name of Employer (for Individual) Adams & Creasy Insurance Agency, Inc.		Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fiala, Colby, , ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : PR437475132667
Mailing Address 710 Fillmore St Ste 100			Amount of Each Receipt this Period 30.00
City Twin Falls	State ID	Zip Code 83301-4641	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$30.00 Monthly)
Name of Employer (for Individual) Magic Valley Insurance		Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Blevins, Andrea, K., ,			Date of Receipt MM / DD / YYYY 09 / 30 / 2023 Transaction ID : PR437486932667
Mailing Address 1133 E. 33rd Place			Amount of Each Receipt this Period 10.00
City Tulsa	State OK	Zip Code 74105-2501	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$10.00 Monthly)
Name of Employer (for Individual) Catalyst Benefits Group, LLC		Occupation (for Individual) Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 132 OF 159
	<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. Miller, Dawn, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 847
 City McMinnville State OR Zip Code 97128-0847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hagan Hamilton Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437488832667
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

B. Sterner, Heidi, J., PAHM, LPRT,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3402 Cinnamon Creek Ave
 City North Las Vegas State NV Zip Code 89031-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) A and H Insurance Occupation (for Individual) Insurance Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437516832667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

C. 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 ▼ 1125.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437529932667
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	167.00
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 133 OF 159
	<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. 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 ▼ 1143.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437562832667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Yarling, Ky, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 521
 City Hanover State IN Zip Code 47243-0521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life & Accident Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437567432667
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Monthly)

C. Robinson, Judith, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 10071
 City Tyler State TX Zip Code 75711-0071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Judith Robinson Insurance Services, LL Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437594132667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	152.00
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 134 OF 159
	<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. 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 ▼ 1340.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437603132667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Williams, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4109 Woodway Dr.
 City Monroe State LA Zip Code 71201-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Financial Planning Resources Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437605732667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Siciliano, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Cascade Road SE Suite 106
 City Grand Rapids State MI Zip Code 49546-2166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Benefit Profiles Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437669532667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 159
	<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. Ledgerwood, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12022 FOREST MOON DR
 City CYPRESS State TX Zip Code 77433-3834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Health Plans of Texas Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437671932667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

B. Protsman, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7391 Hodgson Memorial Drive Suite 100
 City Savannah State GA Zip Code 31406-2565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGriff Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437675232667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Strouse, Marcie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9854 Colby Ave
 City Clive State IA Zip Code 50325-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Benefits Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 915.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437683132667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 159
	<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. Atkinson, Elizabeth, , HIA,MBA,SC,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Cantle Lane, SW
 City Roanoke State VA Zip Code 24018-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lynn Atkinson Independent Agent Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437687332667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Granado, Arturo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 Peoples, # 505
 City Corpus Christi State TX Zip Code 78401-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Granado Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437693232667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Melgoza, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9114 Adams Avenue Ste 191
 City Huntington Beach State CA Zip Code 92646-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Melgoza Insurance Solutions Occupation (for Individual) Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437701132667
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	175.00
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 137 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Webb, Yolanda, Marie, CHR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6117 Clover Ct.
 City Chino State CA Zip Code 91710-5337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Webb Insurance Solutions Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437705632667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Berry, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 69th St., A9A
 City Lubbock State TX Zip Code 79424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berry Agency Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437737432667
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

C. Williams, Leslie, A., CHR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2295 Hilltop Drive Suite 5
 City Redding State CA Zip Code 96002-0515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leslie A. Williams Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437742932667
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$42.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 159
	<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. Edwards, Susan, Christensen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 S. Roop St
 PO Box 1478
 City Susanville State CA Zip Code 96130-4336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E. Christensen Insurance Agency, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR43775532667
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Monthly)

B. Johnson, John, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8414 N. Wall Street
 Ste C
 City Spokane State WA Zip Code 99208-6161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFS Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437775832667
 Amount of Each Receipt this Period 63.00
 Memo Item
 P/R Deduction (\$63.00 Monthly)

C. Cade, Kareim, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 N Main St
 Suite 105
 City Royal Oak State MI Zip Code 48067-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Benefit Group Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437778632667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 159
	<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. Heider, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Fillmore St, Suite 100
 City Twin Falls State ID Zip Code 83301-4641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magic Valley Ins. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437792232667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Purcilly, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3155 W Big Beaver Rd Ste 125
 City Troy State MI Zip Code 48084-3007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason-McBride, Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437814932667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Little, Cathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1145 2nd Street #A-269
 City Brentwood State CA Zip Code 94513-2292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Essential Exchange Insurance Services Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR437855632667
 Amount of Each Receipt this Period 38.00
 Memo Item
 P/R Deduction (\$38.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	98.00
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 140 OF 159
	<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. James, Leslie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6902 Pearl Road
 Suite 405
 City Cleveland State OH Zip Code 44130-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Insurance Strategy Inc. Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR437860032667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Emidy, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 2021
 City Ridgeland State MS Zip Code 39158-2021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR437878332667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Waltman, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 Reistertown Road
 Suite 100
 City Pikesville State MD Zip Code 21208-6301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MZQ Consulting Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt **09 / 30 / 2023**
Transaction ID : PR470100132667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 159
	<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. Riley, Amanda, Danielle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24830 SE 278th St
 City Maple Valley State WA Zip Code 98038-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HealthEquity, Inc. Occupation (for Individual) Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR476686832667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Petersen, Benjamin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 NW Lovejoy St Apt 725
 City Portland State OR Zip Code 97209-2752
 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 ▼ 1050.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR492528832667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. Stevens, Ken, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 Bellemeade Ave
 City Evansville State IN Zip Code 47715-4130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stevens Insurance Advisors Occupation (for Individual) Independent Agent & Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR496323832667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 159
	<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. Bravo, Denise, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8340 N THORNYDALE RD
 SUITE 110-335
 City TUCSON State AZ Zip Code 85741-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bravo Insurance Solutions, LLC Occupation (for Individual) Insurance Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR497996232667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

B. Wayt, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 747 Winslow Ave
 City Saint Paul State MN Zip Code 55107-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IFC National Marketing Occupation (for Individual) Producer Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR528187232667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Ybarra, Valeria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7236 Vanessa Dr
 City Corpus Christi State TX Zip Code 78414-5710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acrisure LLC dba Carlisle Insurance Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR528424132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....	90.00
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 143 OF 159
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Kennedy, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 E. Battlefield
 City Springfield State MO Zip Code 65807-4811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nixon & Lindstrom Insurance Occupation (for Individual) Group Health and Benefits Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR573884932667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. Haberman, Caleb, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9301 Bryant Ave S Ste 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 ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR623646632667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

C. Parker, Frederick, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12303 Hwy 707 Suite B
 City Murrells Inlet State SC Zip Code 29576-9740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hibbits Insurance Inc Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR742659132667
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Monthly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 159
	<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. Nichols, Thomas, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 S Berry Suite 100
 City Norman State OK Zip Code 73072-7480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colonial Life Occupation (for Individual) District General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR840269932667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

B. 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) Highstreet Insurance & Financial Servi Occupation (for Individual) Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR860243832667
 Amount of Each Receipt this Period 85.00
 Memo Item
 P/R Deduction (\$85.00 Monthly)

C. 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 ▼ 1530.00

Date of Receipt 09 / 30 / 2023
Transaction ID : PR891081432667
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$170.00 Monthly)

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: PAGE 145 OF 159
(check only one)

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

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

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

Mailing Address 1060 Winchester Road NE

City Huntsville	State AL	Zip Code 35811-8904
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Archi-Agency	Occupation (for Individual)
---------------------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2023

Transaction ID : PR919114032667

Amount of Each Receipt this Period
42.00

Memo Item

P/R Deduction (\$42.00 Monthly)

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

Mailing Address 3525 Iron Horse Drive #102

City Ladson	State SC	Zip Code 29456-4331
----------------	-------------	------------------------

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

Name of Employer (for Individual) American Eagle Insurance Agency	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
09	/	30	/	2023

Transaction ID : PR984491232667

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$30.00 Monthly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.00
TOTAL This Period (last page this line number only).....	26216.17

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	9		3	0		2	0	2	3

FEC Identification Number

C []

Transaction ID : 17754719

Amount of Each Disbursement this Period

[] 655.62

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)..... ▶

[] 655.62

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

[] 655.62

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)

Form 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)

Form A: Rosen For Nevada. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: Rosen For Nevada. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: Rosen For Nevada. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional) 0.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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. Virginia Foxx For Congress

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

Purpose of Disbursement

Category/Type: 011

Candidate Name Foxx, Virginia, , Rep., Ed.D.

Office Sought: [X] House [] Senate [] President State: NC District: 05

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date: 09 / 12 / 2023

FEC Identification Number

C C00386748

Transaction ID : 17610515

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

Category/Type: 011

Candidate Name Kelly, Mike, , Rep., Jr.

Office Sought: [X] House [] Senate [] President State: PA District: 16

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date: 09 / 12 / 2023

FEC Identification Number

C C00474189

Transaction ID : 17610516

Amount of Each Disbursement this Period

1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. MCCARTHY VICTORY FUND

Mailing Address PO BOX 13307

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Category/Type: 011

Candidate Name

Office Sought: [] House [] Senate [] President State: District:

Disbursement For: [] Primary [] General [] Other (specify) v

Date of Disbursement

Date: 09 / 12 / 2023

FEC Identification Number

C

Transaction ID : 17610517

Amount of Each Disbursement this Period

5000.00

[] Memo Item

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

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

7000.00

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. Eric Burlison For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2023

Mailing Address 2135 E. Independence Ave.
#1007

City Springfield State MO Zip Code 65804

FEC Identification Number

C	C00788414
---	-----------

Transaction ID : 17610518

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Burlison, Eric, , Rep.,

Office Sought: House
 Senate
 President
State: MO District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Chrissy Houlahan For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2023

Mailing Address PO Box 222

City Devon State PA Zip Code 19333

FEC Identification Number

C	C00637371
---	-----------

Transaction ID : 17610519

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Houlahan, Chrissy, ,

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2023

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

FEC Identification Number

C	C00226928
---	-----------

Transaction ID : 17610520

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

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

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

3000.00

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)

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. Becca Balint For Vermont

Mailing Address P.O. Box 291

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011

Candidate Name

Balint, Becca, , Rep.,

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

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: VT District: 01

Date of Disbursement

Date field: 09 / 12 / 2023

FEC Identification Number

C C00797175

Transaction ID : 17610527

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Guy For Congress

Mailing Address P.O. Box 23177

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement

011

Candidate Name

Reschenthaler, Guy, ,

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

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: PA District: 14

Date of Disbursement

Date field: 09 / 18 / 2023

FEC Identification Number

C C00657833

Transaction ID : 17650286

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Miller-Meeks For Congress

Mailing Address PO Box 33

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement

011

Candidate Name

Miller-Meeks, Mariannette, , Rep., MD

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

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: IA District: 01

Date of Disbursement

Date field: 09 / 19 / 2023

FEC Identification Number

C C00558825

Transaction ID : 17676571

Amount of Each Disbursement this Period

Amount field: 1000.00

[] Memo Item

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

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

Subtotal field: 3000.00

Total field: (empty)

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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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

Form A: Rounds For Senate. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: Hern For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: Blake Moore For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and 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)

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)

Form A: Garbarino For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Fischbach For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Aaron Bean For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

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. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688-0606

Purpose of Disbursement

011

Candidate Name

Bilirakis, Gus, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

C C00408534

Transaction ID : 17677889

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Clarke For Congress

Mailing Address PO Box 250200

City
Brooklyn

State
NY

Zip Code
11225

Purpose of Disbursement

011

Candidate Name

Clarke, Yvette, D., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

C C00415331

Transaction ID : 17677928

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Deborah Ross For Congress

Mailing Address PO Box 28258

City
Raleigh

State
NC

Zip Code
27611

Purpose of Disbursement

011

Candidate Name

Ross, Deborah, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

C C00729277

Transaction ID : 17677929

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	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. Josh Gottheimer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2023

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

FEC Identification Number

C	C00573949
---	-----------

Transaction ID : 17677930

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gottheimer, Josh, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: NJ District: 05

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2023

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

FEC Identification Number

C	C00410761
---	-----------

Transaction ID : 17677931

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: FL District: 14

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2023

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

FEC Identification Number

C	C00409219
---	-----------

Transaction ID : 17677932

Amount of Each Disbursement this Period

1000.00

Memo Item

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: 07

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

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

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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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. Katherine Clark For Congress

Date of Disbursement

Date of Disbursement form: 09 / 26 / 2023

Mailing Address 600 Pennsylvania Ave Se #15180

City Washington State MA Zip Code 20003

FEC Identification Number

FEC Identification Number form: C00541888

Transaction ID : 17677933

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 2500.00

Purpose of Disbursement

Category/Type form: 011

Candidate Name

Clark, Katherine, , Rep.,

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

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: MA District: 05

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Moore For Congress

Date of Disbursement

Date of Disbursement form: 09 / 28 / 2023

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

FEC Identification Number

FEC Identification Number form: C00397505

Transaction ID : 17679096

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

Purpose of Disbursement

Category/Type form: 011

Candidate Name

Moore, Gwen, , Rep.,

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

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: WI District: 04

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc

Date of Disbursement

Date of Disbursement form: 09 / 28 / 2023

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

FEC Identification Number

FEC Identification Number form: C00431056

Transaction ID : 17679696

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

Purpose of Disbursement

Category/Type form: 011

Candidate Name

Casey, Bob, , Sen.,

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

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: PA District:

[] Memo Item

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

SUBTOTAL form: 4500.00

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

TOTAL form: []

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)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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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. Lauren Underwood For Congress

Date of Disbursement

Date of Disbursement: 09 / 28 / 2023

Mailing Address 13400 S Route 59 Ste 116 Box 248

City Plainfield State IL Zip Code 60585

FEC Identification Number

FEC Identification Number: C00652719

Transaction ID : 17679697

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

Memo Item

Purpose of Disbursement

Category/Type: 011

Candidate Name

Underwood, Lauren, Rep.,

Office Sought: House [checked], Senate, President

Disbursement For: 2024 Primary [checked], General, Other

State: IL District: 14

Full Name (Last, First, Middle Initial)

B. Chris Coons For Delaware

Date of Disbursement

Date of Disbursement: 09 / 28 / 2023

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

FEC Identification Number

FEC Identification Number: C00475392

Transaction ID : 17679698

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

Memo Item

Purpose of Disbursement

Category/Type: 011

Candidate Name

Coons, Chris, Sen.,

Office Sought: House, Senate [checked], President

Disbursement For: 2021 Primary [checked], General, Other

State: DE District:

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Date of Disbursement

Date of Disbursement: 09 / 28 / 2023

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

FEC Identification Number

FEC Identification Number: C00346312

Transaction ID : 17679699

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 5000.00

Memo Item

Purpose of Disbursement

Category/Type: 011

Candidate Name

Schumer, Chuck, Sen.,

Office Sought: House, Senate [checked], President

Disbursement For: 2028 Primary [checked], General, Other

State: NY District:

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

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

SUBTOTAL: 7000.00

TOTAL: 7000.00

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. Jeffries For Congress

Mailing Address PO Box 65322

City
Washington

State
NY

Zip Code
20035

Purpose of Disbursement

011

Candidate Name

Jeffries, Hakeem, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: NY District: 08

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C C00503052

Transaction ID : 17679700

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffries For Congress

Mailing Address PO Box 65322

City
Washington

State
NY

Zip Code
20035

Purpose of Disbursement

011

Candidate Name

Jeffries, Hakeem, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: NY District: 08

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C C00503052

Transaction ID : 17679701

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Heinrich Victory Fund

Mailing Address 600 PENNSYLVANIA AVE SE
#15180

City
Washington, DC 20003

State

Zip Code

Purpose of Disbursement

011

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : 17680281

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00

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)

Form 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)

Form A: Rosen For Nevada. Includes fields for Name, Address, Date of Disbursement (06/16/2022), FEC ID, Amount (2500.00), and Disbursement Type (General).

Form B: Rosen For Nevada. Includes fields for Name, Address, Date of Disbursement (09/29/2023), FEC ID, Amount (2500.00), and Disbursement Type (Primary).

Form C: Rosen For Nevada. Includes fields for Name, Address, Date of Disbursement (03/08/2023), FEC ID, Amount (2500.00), and Disbursement Type (Primary).

SUBTOTAL of Disbursements This Page (optional) 0.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Rosen For Nevada

Mailing Address PO Box 46110

City
Las Vegas

State
NV

Zip Code
89114

Purpose of Disbursement

Re-designated funds for trans. dated 3/8/2023

011

Candidate Name

Rosen, Jacky, , Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: NV

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	3

FEC Identification Number

C C00606939

Transaction ID : 17680544

Amount of Each Disbursement this Period

2000.00

Memo Item Re-designated funds for trans. dated 3/8/2023

Full Name (Last, First, Middle Initial)

B. Rosen For Nevada

Mailing Address PO Box 46110

City
Las Vegas

State
NV

Zip Code
89114

Purpose of Disbursement

07.27.23 - Lunch hosted by Mike McKay Funds Reported On <September

011

Candidate Name

Rosen, Jacky, , Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: NV

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	3

FEC Identification Number

C C00606939

Transaction ID : 17680548

Amount of Each Disbursement this Period

500.00

Memo Item 07.27.23 - Lunch hosted by Mike McKay Funds Reported On <September 20th Monthly>

Full Name (Last, First, Middle Initial)

C. Rosen For Nevada

Mailing Address PO Box 46110

City
Las Vegas

State
NV

Zip Code
89114

Purpose of Disbursement

07.27.23 - Lunch hosted by Mike McKay Re-designated funds for trans.

011

Candidate Name

Rosen, Jacky, , Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: NV

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	3

FEC Identification Number

C C00606939

Transaction ID : 17680549

Amount of Each Disbursement this Period

500.00

Memo Item 07.27.23 - Lunch hosted by Mike McKay Re-designated funds for trans. dated 8/25/2023

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

0.00

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

46500.00