FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Association of Mortgage Brokers PAC 601 Pennsylvania Avenue NW ADDRESS (number and street) South Building, Suite 900 (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mike.desantis@namb.org is changed) Optional Second E-Mail Address jimnabors2nd@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://namb.org/nambpac (Check if address is changed) DATE 2024 C00254201 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Parry, Jeffrey, A., 10 15 2024 Signature of Treasurer Parry, Jeffrey, A.,, Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	_	
		(Revised 03/2022) Page 2
		F COMMITTEE:
	. 🖂	ate Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name of Candida	
	Candida Party A	ate Office State Iffiliation Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name	
	Candi	idate
F	Party C	ommittee:
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party
F	Political	Action Committee (PAC):
(e) 🗙	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization X Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
(g)	This committee is an independent expenditure-only political committee (Super PAC).
		In addition, this committee is a Lobbyist/Registrant PAC.
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
		In addition, this committee is a Lobbyist/Registrant PAC.
	Joint Fu	undraising Representative:
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Comn	nittees Participating in Joint Fundraiser
	1.	C
	2.	C

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۷	Vrite or Type Committee Name	е		
_	National Associa	ation of Mortgage Brokers PAC		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadersl	hip PAC Sponsor
	National Association	n of Mortgage Brokers, Inc.		
	Mailing Address	601 Pennsylvania Ave. NW, South Bu		
	Mailing Address			
		Washington	DC 20004	
		CITY ▲ STA	ATE 🛦	ZIP CODE ▲
	Relationship: X Connected	d Organization	presentative	eadership PAC Spons
			_	
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the	e person in possessio	on of committee
	Parry, Jef	frey, A., ,		
	Full Name			
	Mailing Address	3420 McDaniel Place		
		The Villages	FL 32163	
		CITY ▲ STA	ATE 🛦	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		. 802 - 5	9888
8.	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the con assistant treasurer).	mmittee; and the nat	me and address of
	Full Name Parry, Jef	frey, A., ,		
	of Treasurer	area M. D		
	Mailing Address	3420 McDaniel Place		
		The Villages	FL 32163	
	Title ou Donition -	CITY ▲ STA	ATE ▲	ZIP CODE ▲
	Title or Position ▼		. 000	000 - 0000
	Treasurer	Telephone number	. 802	999

Telephone number

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Nabors, James, L., , II		
Mailing Address			
	Brunswick O	0H 44212	
Title or Position		TE ▲	ZIP CODE ▲
Asst. Treasurer	Telephone number		829 - 8626
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee de xes or maintains funds.	posits funds, hold	ds accounts, rents
Name of Bank, D	pepository, etc.		
	Civista Bank		
Mailing Address	100 E. Water Street		
	Sandusky	0H 44870	
	CITY ▲ STAT	ТЕ ▲	ZIP CODE ▲
Name of Bank, D	repository, etc.		
Mailing Address			
	CITY ▲ STAT	ГЕ ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** 5___

Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spresignated Agent: Identify by name, address (phone number – optional) DeSantis, Michael, P.,, Full Name	(h). Joint Fundraisin	g Participant:			
A. FEC ID number C	1.		FEC ID	number	
A. FEC ID number C Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsers of Any Connected Organization	2.		FEC ID	number	
Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spondaling Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization	3.		FEC ID	number	
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spantis, Michael, P., Full Name DeSantis, Michael, P., Full Name Suite #202 Waltham MA 02451 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Chairperson Telephone Number 617 435 — 956 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent affety deposit boxes or maintains funds. ame of Bank, epository, etc.	4.		FEC ID	number	
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spantis, Michael, P., Full Name DeSantis, Michael, P., Full Name Suite #202 Waltham MA 02451 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Chairperson Telephone Number 617 435 — 956 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent affety deposit boxes or maintains funds. ame of Bank, epository, etc.					
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp esignated Agent: Identify by name, address (phone number – optional) DeSantis, Michael, P.,, Full Name Address 2 Winter St. Suite #202 Waltham CITY A STATE A ZIP CODE A Chairperson Telephone Number 617 – 435 – 958 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent afety deposit boxes or maintains funds.	lame of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Repre	esentative,	or Leadership PAC Spon
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp esignated Agent: Identify by name, address (phone number – optional) DeSantis, Michael, P.,, Full Name Address 2 Winter St. Suite #202 Waltham CITY A STATE A ZIP CODE A Chairperson Telephone Number 617 – 435 – 958 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent afety deposit boxes or maintains funds.	1				
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp esignated Agent: Identify by name, address (phone number – optional) DeSantis, Michael, P.,, Full Name Address 2 Winter St. Suite #202 Waltham CITY A STATE A ZIP CODE A Chairperson Telephone Number 617 – 435 – 958 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent afety deposit boxes or maintains funds.					
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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spesignated Agent: Identify by name, address (phone number – optional) DeSantis, Michael, P., , Mailing Address					
esignated Agent: Identify by name, address (phone number – optional) DeSantis, Michael, P., , Full Name Mailing Address 2 Winter St. Suite #202 Waltham CITY A STATE A ZIP CODE A Chairperson Telephone Number 617 – 435 – 958 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentatety deposit boxes or maintains funds. ame of Bank, epository, etc.	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Suite #202 Waltham	esignated Agent: Identify	by name, address (phone number – op		Representati	ve Leadership PAC Sp
Waltham CITY ▲ STATE ▲ ZIP CODE ▲ Chairperson Telephone Number Chairperson Telephone Number Anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentafety deposit boxes or maintains funds. Aname of Bank, epository, etc.	esignated Agent: Identify	by name, address (phone number – op		Representati	ve Leadership PAC Sp
TITLE OR POSITION Clairperson Telephone Number Chairperson Telephone Number Te	esignated Agent: Identify DeSantis Full Name	by name, address (phone number – op , Michael, P., ,		Representati	ve Leadership PAC Sp
Chairperson Telephone Number 617 435 958 anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentafety deposit boxes or maintains funds. ame of Bank, pepository, etc.	esignated Agent: Identify DeSantis Full Name	by name, address (phone number – op, Michael, P., ,		Representati	ve Leadership PAC Sp
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afety deposit boxes or maintains funds. ame of Bank, pepository, etc.	esignated Agent: Identify DeSantis Full Name Mailing Address	y by name, address (phone number – op, Michael, P., , 2 Winter St. Suite #202 Waltham	otional)	MA	02451
Mailing Address	esignated Agent: Identify DeSantis Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – op, Michael, P., , 2 Winter St. Suite #202 Waltham CITY	otional)	MA 61	02451 ZIP CODE A
	DeSantis Full Name Mailing Address TITLE OR POSITION Chairperson Anks or Other Deposito afety deposit boxes or mail	by name, address (phone number – op, Michael, P., , 2 Winter St. Suite #202 Waltham CITY ries: List all banks or other depositories	Telephone Nur	MA TATE nber 61 e deposits	02451 ZIP CODE 7 435 958 funds, holds accounts, rent
	Pesignated Agent: Identify DeSantis Full Name Mailing Address TITLE OR POSITION Chairperson Panks or Other Deposito afety deposit boxes or mailane of Bank, repository, etc.	by name, address (phone number – op, Michael, P., , 2 Winter St. Suite #202 Waltham CITY ries: List all banks or other depositories	Telephone Nur	MA TATE nber 61 e deposits	02451 ZIP CODE 7 435 958 funds, holds accounts, rent
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