

**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 604

Washington

DC

20004

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00283135

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

08

01

2026

08

31

2026

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

Hall, Trace, , ,

Signature of Treasurer

Hall, Trace, , ,

Date

M M /

D D /

Y Y Y Y Y Y

09

15

2026

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2026 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2026		573841.13
(b) Cash on Hand at Beginning of Reporting Period.....	589124.66	
(c) Total Receipts (from Line 19)	19185.92	214627.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	608310.58	788468.49
7. Total Disbursements (from Line 31)	5500.69	183658.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	602809.89	604809.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	6

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).....	13930.42	130008.68
(ii) Unitemized	5255.50	84618.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19185.92	214627.36
(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)	19185.92	214627.36
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))	19185.92	214627.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19185.92	214627.36

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	356.69	5579.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	356.69	5579.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	172500.00
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	144.00	1079.00
(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)).....	144.00	1079.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	4500.00
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)) ..	5500.69	183658.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.69	183658.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	19185.92	214627.36
34. Total Contribution Refunds (from Line 28(d))	144.00	1079.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19041.92	213548.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	356.69	5579.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	356.69	5579.60

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

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

FOR LINE NUMBER: PAGE 6 OF 76
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting 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. Stephens, James, , ,

Mailing Address 1607 Lower Union Hill Rd

City
Canton

State
GA

Zip Code
30115-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CRC Benefits

Occupation (for Individual)
Benefit Sales Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : 10137078

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Parkin, Lars, B., ,

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)
Director of Sales - Colorado

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 01 / 2026

Transaction ID : 19776566

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Chamberlain, Gordon, D., ,

Mailing Address 906 Ludington Street

City
Escanaba

State
MI

Zip Code
49829-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Luft Insurance

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 01 / 2026

Transaction ID : 19776567

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

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

FOR LINE NUMBER: PAGE 7 OF 76
(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. Long, Scott, W., , CLCS, SGS

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)
SOTA Benefits

Occupation (for Individual)
Co-CEO, Founding Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

MM / DD / YYYY
08 / 02 / 2026

Transaction ID : 19776590

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Bechtold, Annette, , REBC,

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)
Executive and Leadership Coach/Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

MM / DD / YYYY
08 / 02 / 2026

Transaction ID : 19776597

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Gambill, Blair, S., ,

Mailing Address 101 W. Stratford Drive
The Knolls Castle

City
Peoria

State
IL

Zip Code
61614-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Secure First Corporation

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
08 / 03 / 2026

Transaction ID : 19776862

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.00

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

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

FOR LINE NUMBER: PAGE 8 OF 76
 (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. Skinner, Douglas, , ,

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)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2026

Transaction ID : 19777492

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Tretter, Robert, C., CLU, ChFC,,

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)
NABIP

Occupation (for Individual)
Senior Vice President of Member Expe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 04 / 2026

Transaction ID : 19777493

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Waren, Hughes, , ,

Mailing Address P.O. Box 7661

City
Wilmington

State
NC

Zip Code
28406-7661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EBen Benefits

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 04 / 2026

Transaction ID : 19777494

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

157.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 76
(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. Keehn, Joanie, , ,

Mailing Address 3106 Hubbard Rd

City
MadisonState
OHZip Code
44057-2940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Joanie Keehn HealthMarketsOccupation (for Individual)
Licensed Health Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 19777496

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Cox, Kevin, , ,

Mailing Address 39111 Six Mile Rd

City
LivoniaState
MIZip Code
48152-3926FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Alliance PlanOccupation (for Individual)
Lead Sector Consultant

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
08 / 05 / 2026

Transaction ID : 19777643

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Magnuson, Phillip, , ,

Mailing Address 4337 E. 5th Street

City
TucsonState
AZZip Code
85711-2025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Magnuson and AssociatesOccupation (for Individual)
Account Executive

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
08 / 05 / 2026

Transaction ID : 19777644

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

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 76
(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. Anderson, Corey, Lee, ,

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)
DI Geek

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 06 / 2026

Transaction ID : 19777769

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Spleet, Michael, , ,

Mailing Address 2444 East Hill Rd.

City
Grand Blanc

State
MI

Zip Code
48439-5098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Franklin Benefit Solutions

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

08 / 06 / 2026

Transaction ID : 19777770

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

C. Crosby, Neil, R., ,

Mailing Address 21550 Oxnard Street #400

City
Woodland Hills

State
CA

Zip Code
91367-7110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CRC Benefits

Occupation (for Individual)
Director of Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 06 / 2026

Transaction ID : 19777771

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

178.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 76
(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. Sherrill, David, M., ,

Mailing Address 498 Palm Springs Dr, Suite 270

City
Altamonte SpringsState
FLZip Code
32701-7805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sherrill Insurance BrokerageOccupation (for Individual)
President & CEO

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
08 / 07 / 2026

Transaction ID : 19777825

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Blomgren, Laura, , CLTC, RHU,,

Mailing Address 105 Fontaine Ct

City
FontanaState
WIZip Code
53125-1362FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peridot Financial Group LLCOccupation (for Individual)
Managing Member

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
08 / 08 / 2026

Transaction ID : 19778351

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Brown, Shawn, Edward, ,

Mailing Address 420 Nash Ln

City
Port OrangeState
FLZip Code
32127-9522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shawn E Brown InsuranceOccupation (for Individual)
Agency Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 19779122

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 76
 (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. Bly, Perry, J., ,

Mailing Address 528 N Sycamore Ave
Ste 2

City
Sioux Falls

State
SD

Zip Code
57110-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pernell Insurance Agency Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 19779123

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Hamm, Phillip, , ,

Mailing Address 1111 Lake Grayson Dr

City
Katy

State
TX

Zip Code
77494-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ameritas

Occupation (for Individual)
Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 19779127

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Whang, Victor, , ,

Mailing Address 51150 Washington St.

City
New Baltimore

State
MI

Zip Code
48047-2159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Insurance Warehouse

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 12 / 2026

Transaction ID : 19780562

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 76
(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. Lubenow, Justin, , ,Mailing Address 15 Alden Street
Suite 8City
CranfordState
NJZip Code
07016-2149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lubenow AgencyOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 19780566

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Gussin, Craig, , CLU, LPRT,,

Mailing Address 701 Palomar Airport Road #260

City
CarlsbadState
CAZip Code
92011-1047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auerbach Gussin Insurance and FinanciaOccupation (for Individual)
President/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 19780567

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Cunix, David, L., ,Mailing Address 160 Fox Hollow Dr
Apt 402City
ClevelandState
OHZip Code
44124-4193FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cunix Insurance ServicesOccupation (for Individual)
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
08 / 12 / 2026

Transaction ID : 19780568

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

FOR LINE NUMBER: PAGE 14 OF 76
(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. Reynolds, Jeanne, , ,

Mailing Address 5960 W Parker Road
#278-431

City
Plano

State
TX

Zip Code
75093-7792

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Insurance Solutions

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 12 / 2026

Transaction ID : 19780569

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Eckard, Brenda, A., ,

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)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781129

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Lamberth, Mark, J., ,

Mailing Address 43402 Waterside Trl

City

Punta Gorda

State

FL

Zip Code

33982-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capstone Administrators

Occupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781136

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

155.00

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

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

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☒ 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. Van Patten, Frederick, E., ,

Mailing Address 5955 Parkway North Blvd
Suite -A

City
Cumming

State
GA

Zip Code
30040-1389

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Equitable Advisors LLC

Occupation (for Individual)
Retirement Planning Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781138

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. King, Colleen, , ,

Mailing Address 8427 Beckford Ave.

City
Northridge

State
CA

Zip Code
91324-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colleen King Insurance Agency Inc.

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781139

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Hatfield, Matthew, F., ,

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)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781144

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

178.00

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

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

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☒ 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. Pittman, Joseph, E., ,

Mailing Address P O Box 24133

City
Omaha

State
NE

Zip Code
68124-0133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Creative Association Management

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781146

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Scholz, Paul, J., ,

Mailing Address 4221 N 203rd St
Ste 200

City
Elkhorn

State
NE

Zip Code
68022-3474

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OCI Insurance and Financial Services

Occupation (for Individual)
Sr VP of Group Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781147

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Singleton, Terry, , , REBC,CFP,C

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)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3220.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 19781148

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

320.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 76
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☒ 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. Smith, John, Joseph, ,

Mailing Address 210 Straight Drive

City
Anderson

State
SC

Zip Code
29625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHK and Associates

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 14 / 2026

Transaction ID : 19781463

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Christenson, Shawnee, , ,

Mailing Address 9220 Bass Lake Rd, Suite 225

City
New Hope

State
MN

Zip Code
55428-4052

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crosstown Insurance

Occupation (for Individual)
Independent Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

08 / 14 / 2026

Transaction ID : 19781466

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Baker, James, Austin, ,

Mailing Address 149 Augusta Ave

City
Pleasant View

State
TN

Zip Code
37146-7141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HRO Partners

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 15 / 2026

Transaction ID : 19781754

Amount of Each Receipt this Period

63.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

168.00

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

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

FOR LINE NUMBER: PAGE 18 OF 76
(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. Mutter, Amy, D., ,

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)
Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1121.00

Date of Receipt

08 / 16 / 2026

Transaction ID : 19781882

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Whaley, Vicki, Lee, ,

Mailing Address PO Box 759
170 River Rock Rd.

City
Lewiston

State
CA

Zip Code
96052-0759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vicki Whaley Ins Svcs.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

08 / 16 / 2026

Transaction ID : 19781887

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Elam, Michael, Lee, ,

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)
VP of Underwriting and Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 17 / 2026

Transaction ID : 19781952

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

212.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 76
(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. Boop, Deborah, R., ,Mailing Address 145 North Chestnut Street
Suite 202City
RavennaState
OHZip Code
44266-4009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Kaczmarek Insurance ServicesOccupation (for Individual)
Partner, VP

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
08 / 17 / 2026**Transaction ID : 19781953**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Mason, Gerene, J., ,

Mailing Address 1224 South River Road, Suite A-20

City
Saint GeorgeState
UTZip Code
84790-8318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Southern Utah InsuranceOccupation (for Individual)
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
08 / 17 / 2026**Transaction ID : 19781954**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Hild, Donald, A., ,Mailing Address 2640 Willard Dairy Rd.
Suite 122City
HIGH POINTState
NCZip Code
27265-8709FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Blue Moon Benefits GroupOccupation (for Individual)
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
08 / 17 / 2026**Transaction ID : 19781957**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

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

Use separate schedule(s)
for each category of the
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(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. Bibian, Jolene, , ,

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)
Mills and Maple Insurance Solutions

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 18 / 2026

Transaction ID : 19831513

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Anderson, Michael, , , REBC

Mailing Address 11670 Fountains Dr STE 200

City
Maple Grove

State
MN

Zip Code
55369-7195

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anderson Benefit Partners

Occupation (for Individual)
REBC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 18 / 2026

Transaction ID : 19831526

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Reents, Joni, Robin, ,

Mailing Address 516 Valley View Drive

City
Torrington

State
WY

Zip Code
82240-8315

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Reents Insurance Agency

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 18 / 2026

Transaction ID : 19831527

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

169.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12
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☐ 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. HEATH, KARLA, M., ,

Mailing Address 309 E Austin St

City
MarshallState
TXZip Code
75670-3475FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marketplace Insurance Exchange GroupOccupation (for Individual)
DIRECTOR OF GROUP HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 19831529

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Zandbergen, Tim, , ,

Mailing Address 26041 Acero

City
Mission ViejoState
CAZip Code
92691-2784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Financial Management NetworkOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 19831534

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Shepard, Julie, A., ,

Mailing Address 3913 N Post St

City
SpokaneState
WAZip Code
99205-1149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Integrity Insurance Solutions, LLCOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 19831536

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1170.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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☒ 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. McDermott, H., Luke, ,

Mailing Address 1608 W Black Gold Dr

City
Bluffdale

State
UT

Zip Code
84065-2386

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DPWM Benefits, LLC

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 18 / 2026

Transaction ID : 19831537

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Wright, Keith, L., ChHC,CLU,R,

Mailing Address 2694 Middle Lake Rd

City
Twin Lake

State
MI

Zip Code
49457-9025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wright Insurance Group

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 20 / 2026

Transaction ID : 19831761

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. May, Robert, L., ,

Mailing Address 2921 5th Ave NE

Ste 150

City
Puyallup

State
WA

Zip Code
98372-7044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Robert L. May and Associates, Inc. DBA

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 20 / 2026

Transaction ID : 19831765

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 76
(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. Tellesbo-Kembel, Marsha, , ,

Mailing Address 40 Lake Bellevue, Suite 100

City
BellevueState
WAZip Code
98005-2480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tellesbo and CompanyOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 19833169

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

B. Vanderwolk, Chris, , ,

Mailing Address 1875 Quimby Ln

City
Scotch PlainsState
NJZip Code
07076-4747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kistler Tiffany Benefits CompanyOccupation (for Individual)
Director of Compliance and Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 19833171

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Lordigyan, Craig, K., ,

Mailing Address 16 Jenny Jump Road

City
BlairstownState
NJZip Code
07825-3704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lordigyan Insurance Agency, LLCOccupation (for Individual)
Partner

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
08 / 24 / 2026

Transaction ID : 19833180

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 76
(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. Rogers, Malia, C., ,

Mailing Address PO Box 2966

City
HaydenState
IDZip Code
83835-2966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MediGap Pros LLCOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026**Transaction ID : 19833185**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Phillips, Paige, W., ,

Mailing Address 1434 Hwy 301

City
CaleraState
ALZip Code
35040-5466FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Paige Phillips Agency, LLCOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026**Transaction ID : 19833195**

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

C. Stuart, William, G., ,

Mailing Address 29 Birch Bottom Circle

City
RocklandState
MAZip Code
02370-7205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benegames, Inc.Occupation (for Individual)
Chief Content Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026**Transaction ID : 19833217**

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

254.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 76
(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. Bradshaw, Sara, , ,

Mailing Address 2727 Grand Prairie Pkwy

City
WaukeeState
IAZip Code
50263-8844FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holmes Murphy and AssociatesOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 19833218

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Strauss, Rachel, , ,

Mailing Address 5300 Huisache

City
BellaireState
TXZip Code
77401-4934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PBM Princess, LLCOccupation (for Individual)
Vice President of Strategic Developme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 19833219

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Gualtieri, Peter, L., ,

Mailing Address 1600 JFK Boulevard, Suite 1220

City
PhiladelphiaState
PAZip Code
19103-2810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SavoyOccupation (for Individual)
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
08 / 25 / 2026

Transaction ID : 19833220

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

157.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 76
(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. Lujan, Steve, , ,

Mailing Address 4873 Seda Dr.

City
San DiegoState
CAZip Code
92124-2422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Help Me Medicare ManOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 19833222

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Flores, David, , ,

Mailing Address 1306 Garden View Dr

City
Vernon HillsState
ILZip Code
60061-1455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cotinum Insurance AgencyOccupation (for Individual)
Founder & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 19833223

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Guzman, Wayne, , ,

Mailing Address 281 W Cozumel Dr

City
ImperialState
CAZip Code
92251-8865FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IEHPOccupation (for Individual)
Director of Sales & Outreach

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
08 / 25 / 2026

Transaction ID : 19833243

Amount of Each Receipt this Period

42.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

212.00

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

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

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 (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. Fitzgerald, Robert, Mark, ,

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)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 19833245

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

B. Tompkins, Daniel, R., , JD, MBA

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)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 19833247

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, Michael, David, ,

Mailing Address 1401 Justin Road

City
Flower Mound

State
TX

Zip Code
75028-4332

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 ▼

472.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 19833248

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

312.00

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

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

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☒ 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. Dolbow, Melinda, , ,

Mailing Address 9365 Pleasant Chapel Rd

City
Heath

State
OH

Zip Code
43056-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dolbow Senior Solutions

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 19833252

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bilhartz, Brian, , ,

Mailing Address 75410 Gerald Ford Dr
Ste 102

City

Palm Desert

State
CA

Zip Code
92211-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bilhartz Desert Insurance Agency

Occupation (for Individual)
Owner/Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 26 / 2026

Transaction ID : 19833314

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Hall, Dwight, , CHC, LUTCF,

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 and Associates

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 26 / 2026

Transaction ID : 19833371

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

615.00

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

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for each category of the
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☒ 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. Deagle, Michael, P., REBC,

Mailing Address 422 W. State St.
Suite 150

City
Geneva

State
IL

Zip Code
60134-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BenAxis Inc.

Occupation (for Individual)
Benefit Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2360.00

Date of Receipt

08 / 26 / 2026

Transaction ID : 19833372

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

B. Renkar, Christopher, J., ,

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 ▼

240.00

Date of Receipt

08 / 27 / 2026

Transaction ID : 19833513

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Martin, Ingrid, L., ,

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)
Senior Sales Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 27 / 2026

Transaction ID : 19833516

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 76
(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. Bear, Dale, F., ,

Mailing Address 2027 Scott Station Rd

City
Jefferson CityState
MOZip Code
65109-8425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Expat Solutions International dba ESIOccupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833752

Amount of Each Receipt this Period

63.00

☐ Memo Item

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

B. McGinley, Christina, , ,Mailing Address 144 E Main St., Suite 5
PO Box 482City
NashvilleState
INZip Code
47448-7008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McGinley Insurance AgencyOccupation (for Individual)
Agent / Owner

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
08 / 28 / 2026

Transaction ID : 19833753

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Ashford, James, F., ,Mailing Address 1209 S Frankfort Avenue
Suite 205City
TulsaState
OKZip Code
74120-4247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unity VisionOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833754

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

178.00

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

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

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 (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. Miller, Richard, L., ,

Mailing Address 6 South 2nd St
Suite 818

City
Yakima

State
WA

Zip Code
98901-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Richard L Miller LLC

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833757

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Barrett, William, J., CLU, ChFC,

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)
Medical Mutual

Occupation (for Individual)
Group Medicare Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833758

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Harrington, Paula, , ,

Mailing Address 700 Central Expy S
Ste 400

City

Allen

State

TX

Zip Code

75013-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harrington Insurance Solutions, LLC

Occupation (for Individual)
CEO/Agent/Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833759

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

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 (check only one)
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☐ 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. MacDermid, Rick, , ,

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 ▼

720.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833761

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Powelson, Janet, , ChHC,

Mailing Address 1830 Carleton St

City
Berkeley

State
CA

Zip Code
94703-1908

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 ▼

442.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833767

Amount of Each Receipt this Period

24.00

☐ Memo Item

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

C. Kinley, Christopher, , ,

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)
Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833769

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 76
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☒ 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. Samuels, Cindy, , ,

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)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833772

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Ruffin, Helena, , ,

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 ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833773

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Levis, Chad, A., ,

Mailing Address 7300 Metro Blvd Ste 695

City
Edina

State
MN

Zip Code
55439-2468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAL Financial

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833774

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Thal, Harry, P., ,

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)

Medicare Guru

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 28 / 2026

Transaction ID : 19833776

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Pedersen, Jill, L., ,

Mailing Address PO Box 190

City

Oregon City

State

OR

Zip Code

97045-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Columbia Benefit Solutions Inc.

Occupation (for Individual)

Partner, Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 28 / 2026

Transaction ID : 19833777

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Lubenow, Douglas, , ,

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 28 / 2026

Transaction ID : 19833780

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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Detailed Summary Page

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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. Lucas, William, H., ,

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 and Associates Insurance

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833782

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Blackford, Stephen, I., ,

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)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833784

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Grant, Staci, R., ,

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)
Acrisure

Occupation (for Individual)
Vice President Benefits Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833785

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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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. Ambro, Heather, , ,

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)
Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833788

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Burns, Patrick, , CEBS,

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)
Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833789

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. West, Marlayna, , ,

Mailing Address 6060 Balmoral Way

City
Commerce Twp

State
MI

Zip Code
48382-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833790

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

365.00

SCHEDULE A (FEC Form 3X)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Calabretta, Melissa, A., ,

Mailing Address 2323 Navigation Circle

City
PlacentiaState
CAZip Code
92870-1731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Agency and Insurance SolutionsOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833793

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Gutierrez, Sophia, , ,

Mailing Address 425 E Whitney Dr

City
JupiterState
FLZip Code
33458-4202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Absolute Best InsuranceOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833794

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Roy, Matthew, F., ,Mailing Address 595 Shrewsbury Ave
Suite 203City
ShrewsburyState
NJZip Code
07702-4159FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Ocean Benefits and Consulting LLCOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833796

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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☒ 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. Burett, Raymond, , ,

Mailing Address 100 Broadway
21st Fl

City
New York

State
NY

Zip Code
10005-1983

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alera Group Inc.

Occupation (for Individual)
Sr Compliance Liaison

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833797

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Cociu, Dorothy, M., RHU, REBC,,

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 an Insuran

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833798

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Gutierrez, Antonio, , ,

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)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 19833799

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Brooks, Timothy, , ,

Mailing Address 1024 N Elm Pl

City
Broken ArrowState
OKZip Code
74012-1603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Flippo InsuranceOccupation (for Individual)
Agent Manager

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
08 / 28 / 2026

Transaction ID : 19833802

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Rivera, Michael, A., ,

Mailing Address 13201 N.W. Fwy. Suite 265

City
HoustonState
TXZip Code
77040-6165FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest GeneralOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833803

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Lardiere, Jim, , ,

Mailing Address 119 Dyckman Place

City
Basking RidgeState
NJZip Code
07920-1427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lardiere Consulting, LLCOccupation (for Individual)
President & CEO

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
08 / 28 / 2026

Transaction ID : 19833805

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 76
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☒ 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. Kowalczyk-Gonzalez, CarrieAnne, , ,

Mailing Address 6568 S Federal Way #213

City
BoiseState
IDZip Code
83716-9277FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Personal Touch Ins and Benefits LLCOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833806

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. 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 InternationalOccupation (for Individual)
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
08 / 28 / 2026

Transaction ID : 19833807

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Schneider, Chad, P., ,

Mailing Address 22213 1/2 Erwin St

City

Woodland Hills

State

CA

Zip Code

91367-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ThatchOccupation (for Individual)
Head of Broker Channel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833809

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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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. Harder, David, , ,Mailing Address 2241 E Skelly Drive
Suite 102City
TulsaState
OKZip Code
74105-5941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spirit Financial Concepts, IncOccupation (for Individual)
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
08 / 28 / 2026

Transaction ID : 19833810

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Morrison, James, M., RHU,REBC,

Mailing Address 2710 Gateway Rd

City
CarlsbadState
CAZip Code
92009-1730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Morrison Insurance Services, IncOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 19833811

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Sheehan, Norman, , ,

Mailing Address 808 Beaver St

City
Santa RosaState
CAZip Code
95404-3731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norman Sheehan Insurance Agency LLCOccupation (for Individual)
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
08 / 28 / 2026

Transaction ID : 19833812

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 76
(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. Pleasants, Jennifer, , ,

Mailing Address 6726 Stuyvesant Ct.

City
Corpus ChristiState
TXZip Code
78414-4269FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UnitedHealthcare Employer and IndividuOccupation (for Individual)
SB Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026**Transaction ID : 19833814**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Gilbert, Debra, E., ,Mailing Address 2331 Mustang Drive
Suite 200City
GrapevineState
TXZip Code
76051-1014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Innovative Insurance SolutionsOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026**Transaction ID : 19833815**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Tierney, Robert, J., HDHP,

Mailing Address 5857 N Stafford Ln

City
MeridianState
IDZip Code
83646-7235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tierney Consulting, Inc. Saint AlphonsOccupation (for Individual)
Founder, Principal; VP Large Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026**Transaction ID : 19833816**

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

212.00

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

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

FOR LINE NUMBER: PAGE 43 OF 76
(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. McFarland, Dee, , ,

Mailing Address 6810 Market Street
Suite 101

City
Boardman

State
OH

Zip Code
44512-4567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Reliable Consulting Group, LLC

Occupation (for Individual)
Owner & Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

08 / 29 / 2026

Transaction ID : 19833852

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Trevino, Siboney, , ,

Mailing Address 1119 LLANO ST

City
PASADENA

State
TX

Zip Code
77504-1621

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 ▼

- 72.00

Date of Receipt

08 / 24 / 2026

Transaction ID : 19879351

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$144.00 This
changes the YTD Total to \$-72.00

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

C. Schreder, Lynn, M., ,

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 ▼

800.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433076140612

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

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

FOR LINE NUMBER: PAGE 44 OF 76
 (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. Rubio, Hilario, Francisco, ,

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)
Agency Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433085740612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. Adams, Carla, , CBC, GBA,,

Mailing Address 101 W Shepherd Ave

City
Lufkin

State
TX

Zip Code
75904-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Isolved

Occupation (for Individual)
Director of Benefit Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433095040612

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

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

C. Deacon, Joseph, H., ,

Mailing Address 1210 Kanawha Blvd E

City
Charleston

State
WV

Zip Code
25301-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Deacon and Deacon Insurance an Benefit

Occupation (for Individual)
Principal Employee Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433129340612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

135.00

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

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

FOR LINE NUMBER: PAGE 45 OF 76
(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. Sweaney, Jennifer, , ,

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)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433151840612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. McFerrin, Dwane, C., CLU, CFP,,

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)
Senior Vice President, Med Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433168140612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Christense, Elizabeth, , ,

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)
President of A.B.A.I.A Agency

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433187740612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

157.00

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Brittain, Jennifer, , ,

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 and Brown Inc.

Occupation (for Individual)
Vice President Employee Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433214340612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Gerken, Barbara, , ,

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)
Brown and Brown

Occupation (for Individual)
Compliance Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433268340612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Shooshanian, Barbara, , ,

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)
Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433298740612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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

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☒ 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. Lovincey, Rebecca, L., ,

Mailing Address 720 SE 160th Ave
Ste 103- PMB 110

City
Vancouver

State
WA

Zip Code
98684-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Clear Path Health Advisors Inc

Occupation (for Individual)
Medicare Specialist - Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433347140612

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. Seger, Mallory, , ,

Mailing Address 1128 Lincoln Mall
Suite 200

City
Lincoln

State
NE

Zip Code
68508-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNICO Group, Inc.

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433389240612

Amount of Each Receipt this Period

12.00

☐ Memo Item

P/R Deduction (\$12.00 Monthly)

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

C. Ornellas, Helen, , ,

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 and Associates

Occupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433463240612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

84.00

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

Use separate schedule(s)
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☒ 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. Butler, Allison, , ,

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 and Consulting LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433694540612

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. Schneider, JoEllen, , ,

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 and BK Insurance

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR433791840612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. Trebing, Louanne, , ,

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 ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR436856940612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 76
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☒ 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. Freeman, Michael, J., CLU,

Mailing Address 3727 Albatross St

City
San DiegoState
CAZip Code
92103-3924FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR436861840612

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. Trahin, Cindy, K., RHU, CSA,Mailing Address 7127 Homestead Road
Suite BCity
Fort WayneState
INZip Code
46814-4601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trahin Insurance Services LLCOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR436875640612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Booth, Tonya, S., ,Mailing Address P.O. Box 2542
432 Halifax DriveCity
CoppellState
TXZip Code
75019-8500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BIZ Benefits LLCOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR436911040612

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(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. Shaffer, Annette, , ,

Mailing Address 418 South Main Street

City
FindlayState
OHZip Code
45840-3273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Group Benefit ConsultantsOccupation (for Individual)
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
08 / 31 / 2026

Transaction ID : PR436917240612

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. Seifert, Greg, , ,

Mailing Address 3311 NE 115th St.

City
VancouverState
WAZip Code
98686-3945FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Broker/Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR436941640612

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. Woods, John, T., ,Mailing Address 1700 East Market Street
Suite 110City
WarrenState
OHZip Code
44483-6625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INSURANCE NAVIGATORS AGENCYOccupation (for Individual)
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
08 / 31 / 2026

Transaction ID : PR436950040612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Holland, Robert, V., ,

Mailing Address PO Box 698

City
CentraliaState
WAZip Code
98531-0698FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CGA Bob Holland InsuranceOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR436961740612

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

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

B. Parker, John, C., RHU, LTCP,Mailing Address 38 Hope St
Unit 1312City
NianticState
CTZip Code
06357-2454FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parker AgencyOccupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR436986840612

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

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

C. Fristoe, Kelly, Don, LUTCF, SGS,

Mailing Address PO Box 4789

City
Wichita FallsState
TXZip Code
76308-0789FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Financial PartnersOccupation (for Individual)
President

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
08 / 31 / 2026

Transaction ID : PR437002340612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

218.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Thorn, Ryan, P., ,

Mailing Address 10342 South Springcrest Lane

City
South JordanState
UTZip Code
84095-4538FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ryan P. Thorn Insurance Planning, Inc.Occupation (for Individual)
President

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
08 / 31 / 2026

Transaction ID : PR437004040612

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

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

B. Buie, Scott, T., ,Mailing Address 4525 S 2300 E
Ste 201City
Salt Lake CityState
UTZip Code
84117-4639FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Buie Insurance ServicesOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437010540612

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. Gray, Michael, D., RHU,Mailing Address 8230 Rockledge Rd
Apt 123City
LincolnState
NEZip Code
68506-7352FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FNICOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437016740612

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Blizman, Donna, J., ,

Mailing Address 1939 Racimo Dr

City
SarasotaState
FLZip Code
34240-9426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Employee Benefits Marketing GroupOccupation (for Individual)
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
08 / 31 / 2026**Transaction ID : PR437031540612**

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. Hayes, Leesa, Kay, ,

Mailing Address 812 Lyndon Lane Suite 101

City
LouisvilleState
KYZip Code
40222-3844FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BIM GroupOccupation (for Individual)
Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026**Transaction ID : PR437043340612**

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. Ameling, Mary, K., ,

Mailing Address 1202 Wood Lily Circle

City
LelandState
NCZip Code
28451-7686FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ganey Byrd and Dunn Insurance Group InOccupation (for Individual)
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
08 / 31 / 2026**Transaction ID : PR437057740612**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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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. Alberts, Suzetta, , ,Mailing Address 26026 Telegraph Rd
Ste 100City
SouthfieldState
MIZip Code
48033-2560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brown and BrownOccupation (for Individual)
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437076140612

Amount of Each Receipt this Period

84.00

☐ Memo Item

P/R Deduction (\$84.00 Monthly)

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

B. McEvilly, Brian, J., RHU,Mailing Address 7260 West Azure Drive
#140-201City
Las VegasState
NVZip Code
89130-7999FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McEvilly BenefitsOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437117740612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. Antongiovanni, Joanna, , ,Mailing Address 1826 N. Loop 1604 W
Suite 375City
San AntonioState
TXZip Code
78248-4535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Higginbotham Ins Agency Inc.Occupation (for Individual)
Vice President

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
08 / 31 / 2026

Transaction ID : PR437128040612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

156.00

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

Use separate schedule(s)
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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. Allard, Terry, , CEBS,

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)
ALERA GROUP PA Agency

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437182340612

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

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

B. Bunkers, Scott, R., ,

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 ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437196740612

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. Nace, Joshua, D., ,

Mailing Address 100 Madison Avenue, MSC-S29777

City
Toledo

State
OH

Zip Code
43604-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HRI Dental and Vision

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437203340612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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

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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. Cooper, Catherine, L., ,

Mailing Address 52587 Shadowview Dr

City
Northville

State
MI

Zip Code
48167-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Risk Strategies Comprehensive Benefits

Occupation (for Individual)
EB Team Leader Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437218340612

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

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

B. Semple, Theresa, M., ,

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 ▼

216.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437223640612

Amount of Each Receipt this Period

27.00

☐ Memo Item

P/R Deduction (\$12.00 Monthly)

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

C. Musser, Rita, A., ,

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 ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437229140612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

257.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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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. Gardner, Joy, K., LUTCF,

Mailing Address 10605 Sterling Ridge Way

City
RenoState
NVZip Code
89521-5199FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Sales Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437231240612

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

B. Rowe, Peter, L., CLU,Mailing Address 7250 N 16th Street
Suite 104City
PhoenixState
AZZip Code
85020-5214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arcwood Benefits Consulting Inc.Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437236940612

Amount of Each Receipt this Period

415.00

☐ Memo Item

P/R Deduction (\$415.00 Monthly)

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

C. Barton, Diane, L., ,

Mailing Address 1117 NW 50th St

City
Oklahoma CityState
OKZip Code
73118-4401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Relation Insurance ServicesOccupation (for Individual)
Consultant

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
08 / 31 / 2026

Transaction ID : PR437254140612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

495.00

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

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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. 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 ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437258340612

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. 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)
owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437264340612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. Harte, Heather, Roberts, ,

Mailing Address 10296 Montgomery Rd

City
Montgomery

State
OH

Zip Code
45242-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437268340612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Touns, Jennifer, L., ,

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 ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437270540612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Hissong, James, H., ,

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)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437274740612

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. Summers, James, F., ,

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 ▼

1000.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437281040612

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

240.00

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

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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. Grossnickle, Jeff, R., ,

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)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437294740612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Bell, Marie, D., FLMI,AIAA,

Mailing Address PO Box 1853

City
Minnetonka

State
MN

Zip Code
55345-0853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DeRuyter Bell LLC

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437323340612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Stiffler, Patricia, , ,

Mailing Address 155 N. Riverview Dr
Suite 100

City
Anaheim

State
CA

Zip Code
92808-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Options in Insurance

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437326140612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

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

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

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 (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. Bajkowski, Catherine, A., ,

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)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437361140612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. Bogard, Andrea, J., ,

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 ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437400040612

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. Cramer, Valerie, , RHU,

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)
Vice President, Community Outreach &

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437416440612

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

172.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 76
(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. Gandy, Hollie, , ,Mailing Address 5801 W Interstate 40
Ste 101City
AmarilloState
TXZip Code
79106-4633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Safe Money SolutionsOccupation (for Individual)
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
08 / 31 / 2026

Transaction ID : PR437425040612

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. Mutter, Amy, D., ,

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, LLCOccupation (for Individual)
Director of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1184.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437454940612

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

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

C. Powers, Jason, A., ,Mailing Address 15301 W 87th St Pkway
Suite 275

City

Lenexa

State

KS

Zip Code

66219-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Legacy Brokers, LLCOccupation (for Individual)
Partner, Co-Founder

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
08 / 31 / 2026

Transaction ID : PR437467140612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

123.00

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

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

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☒ 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. Miller, Dawn, M., ,

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)
Life & Health Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437488840612

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

B. Sterner, Heidi, J., PAHM, LPRT,

Mailing Address 3402 Cinnamon Creek Ave

City
N Las Vegas

State
NV

Zip Code
89031-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LP Insurance Services

Occupation (for Individual)
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437516840612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. Stedt, Margaret, Evelyn, C.S.A., LP,

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)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437529940612

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

167.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Giardina, Charles, J., ,

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)
Financial Services Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437562840612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. Starks, Eugene, A., ,

Mailing Address 795 Woodlands Parkway
Suite 300

City
Ridgeland

State
MS

Zip Code
39157-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acuity Group LLC

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437603140612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Williams, George, , ,

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 ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437605740612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

157.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 76
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☒ 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. Siciliano, Dominic, , ,

Mailing Address 3358 Eagle Run Drive, Unit 3

City
Grand RapidsState
MIZip Code
49525-7055FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437669540612

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. Ledgerwood, Michael, , ,

Mailing Address 12022 FOREST MOON DR

City
CYPRESSState
TXZip Code
77433-3834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Borislow InsuranceOccupation (for Individual)
Director of Medicare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437671940612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

C. Protsman, Lori, , ,Mailing Address 7391 Hodgson Memorial Drive
Suite 100City
SavannahState
GAZip Code
31406-2565FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McGriff Insurance ServicesOccupation (for Individual)
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
08 / 31 / 2026

Transaction ID : PR437675240612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 76
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☒ 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. Helms, Jennifer, , RHU,

Mailing Address 1437 S Boulder Ave STE. 600

City
TulsaState
OKZip Code
74119-3609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INSURICAOccupation (for Individual)
Employee Benefits Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026**Transaction ID : PR437677840612**

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$15.00 Monthly)

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

B. Strouse, Marcie, , ,

Mailing Address 9854 Colby Ave

City
CliveState
IAZip Code
50325-6422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capitol Benefits GroupOccupation (for Individual)
Benefits Consultant/Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026**Transaction ID : PR437683140612**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Granado, Arturo, , ,

Mailing Address 418 Peoples, # 505

City
Corpus ChristiState
TXZip Code
78401-2350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Granado GroupOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026**Transaction ID : PR437693240612**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 76
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☒ 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. Williams, Leslie, A., ,

Mailing Address 1965 Pine Street

City
ReddingState
CAZip Code
96001-1921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Leslie A. Williams Insurance ServicesOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437742940612

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

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

B. Edwards, Susan, Christensen, ,Mailing Address 40 S. Roop St
PO Box 1478City
SusanvilleState
CAZip Code
96130-4336FEC 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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437755540612

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. Johnson, John, P., ,Mailing Address 8414 N. Wall Street
Ste CCity
SpokaneState
WAZip Code
99208-6161FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IFSOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR437775840612

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

155.00

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

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

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☒ 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. Cade, Kareim, R., ,

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)
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437778640612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Heider, Ryan, , ,

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)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437792240612

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. Purcilly, Amy, , ,

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 ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437814940612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

Use separate schedule(s)
for each category of the
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☒ 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. Hogeland, Charlene, M., ,

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 and Associates

Occupation (for Individual)
Sr. Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437846640612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

B. Little, Cathy, , ,

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)
Principal Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437855640612

Amount of Each Receipt this Period

38.00

☐ Memo Item

P/R Deduction (\$38.00 Monthly)

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

C. James, Leslie, C., ,

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)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437860040612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

208.00

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

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

FOR LINE NUMBER: PAGE 70 OF 76
 (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. Emidy, Mike, , ,

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)
Business Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR437878340612

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. Bentley, Eugene, Rand, ,

Mailing Address 22391 County Road 2186

City
Troup

State
TX

Zip Code
75789-4900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Customized Employee Benefit Plans of E

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.36

Date of Receipt

08 / 31 / 2026

Transaction ID : PR475978840612

Amount of Each Receipt this Period

42.42

☐ Memo Item

P/R Deduction (\$42.42 Monthly)

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

C. Bravo, Denisse, G., ,

Mailing Address 8340 N Thornydale Road
Suite 110-335

City
Tucson

State
AZ

Zip Code
85741-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bravo Insurance Solutions

Occupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2026

Transaction ID : PR497996240612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 76
(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. Ybarra, Valeria, , ,

Mailing Address 7622 Dr Hector P Garcia Dr.

City
Corpus ChristiState
TXZip Code
78414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AcrisureOccupation (for Individual)
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
08 / 31 / 2026**Transaction ID : PR528424140612**

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. Kennedy, Jeff, , ,

Mailing Address 901 E. Battlefield

City
SpringfieldState
MOZip Code
65807-4811FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nixon and Lindstrom InsuranceOccupation (for Individual)
Employee Benefits Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026**Transaction ID : PR573884940612**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Parker, Frederick, , ,Mailing Address 12303 Hwy 707
Suite BCity
Murrells InletState
SCZip Code
29576-9740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hibbits Insurance IncOccupation (for Individual)
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
08 / 31 / 2026**Transaction ID : PR742659140612**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 76
(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. Petrovas, Lisa, A., ,Mailing Address 7127 Homestead Road
Suite BCity
Fort WayneState
INZip Code
46814-4601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trahin Insurance Services LLCOccupation (for Individual)
Independent 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
08 / 31 / 2026

Transaction ID : PR746093240612

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. Nichols, Thomas, L., ,Mailing Address 3100 S Berry
Suite 100City
NormanState
OKZip Code
73072-7480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colonial LifeOccupation (for Individual)
Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR840269940612

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

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

C. Eades, Christina, Marie, ,Mailing Address 15411 W Waddell Rd
Ste 102 PMB 172City
SurpriseState
AZZip Code
85379-5170FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Calibrated Benefits GroupOccupation (for Individual)
President and Sr. Advisor

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
08 / 31 / 2026

Transaction ID : PR956265540612

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 76
(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. Arnold, Shelley, L., ,Mailing Address 3525 Iron Horse Drive
#102City
LadsonState
SCZip Code
29456-4331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Eagle Insurance AgencyOccupation (for Individual)
Agent Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : PR984491240612

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.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

30.00

13930.42

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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 JoseState
CAZip Code
95131

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	6		

FEC Identification Number

C

Transaction ID : 19839099

Amount of Each Disbursement this Period

356.69

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	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

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

356.69

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

356.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. ROGERS FOR MI SENATE REPUBLICAN NOMINEE FUND 2026

Mailing Address 421 OFFICE PARK DR

City
Mountain BrookState
ALZip Code
352223

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rogers, Michael, , Rep.,

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	2	6		

FEC Identification Number

C C00892026

Transaction ID : 19833174

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	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

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

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

5000.00

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Paulsen, Rocio, , ,

Mailing Address 5344 9th St, Suite 111

City
Zephyrhills

State
FL

Zip Code
33542-4348

Purpose of Disbursement

Void - Rocio Paulsen

Candidate Name

010

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 24 / 2026

FEC Identification Number

C

Transaction ID : 19833175

Amount of Each Disbursement this Period

- 500.00

☐ Memo Item Void - Rocio Paulsen

Full Name (Last, First, Middle Initial)

B. Paulsen, Rocio, , ,

Mailing Address 5344 9th St, Suite 111

City
Zephyrhills

State
FL

Zip Code
33542-4348

Purpose of Disbursement

Candidate Name

010

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 24 / 2026

FEC Identification Number

C

Transaction ID : 19833177

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

0.00

0.00