GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

3 COMMITTEE NAME OFFICE USE ONLY Texas Insurance Action Committee Date Received ELECTRONICALLY FILEI 06/20/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Date Hand-delivered or Date Postmark Change of Address Fort Worth, TX 76135 Date Processed	D			
Texas Insurance Action Committee Date Received Date Received ELECTRONICALLY FILED 06/20/2023 06/20/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Date Hand-delivered or Date Postmark Change of Address Fort Worth, TX 76135 Receipt # Amount	D			
ADDRESS 6030 Lake Worth Blvd. Date Hand-delivered or Date Postmark	ed			
Change of Address Fort Worth, TX 76135	ed			
Change of Address Fort Worth, TX 76135				
Fort Worth, TX 76135				
Data Brancesod				
Date Processed				
Date Imaged				
5 CAMPAIGN MS / MRS / MR FIRST MI				
TREASURER NAME Mr. Jim				
NICKNAME LAST SUFFIX	,			
Jacobs				
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIF	CODE			
TREASURER STREET 6030 Lake Worth Blvd.				
ADDRESS				
(Residence or Business) Fort Worth, TX 76135				
7 CAMPAIGN STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIF	, CODE			
TREASURER 6030 Lake Worth Blvd. MAILING ADDRESS				
Change of Address Fort Worth, TX 76135				
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION				
TREASURER (817) 601-4189 PHONE (817) 601-4189				
9 REPORT TYPE January 15 30th day before election Dissolution (Attach PAC-DR)				
X July 15 8th day before election 10th day after campaign treasu termination	rer			
X July 15 Runoff				
10 PERIOD Month Day Year Month Day Year				
COVERED 01/01/2023 THROUGH 06/30/2023				
11 ELECTION ELECTION DATE ELECTION TYPE				
Month Day Year Primary Runoff Other				
General Special				
	I			
GO TO PAGE 2				
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)		
Texas Insurance Action	Committee		00054798			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	0.00		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT		l swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.				
			Jacobs			
ΔΕΕΙΧ ΝΟΤΔΡΥ	STAMP / SEAL ABOVE	Signature of Car	npaign Treasur	er		
		, th	nis the	day		
		which, witness my hand and seal of office.		uxy		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca		

FORM GPAC COVER SHEET PG 3

3 of !	5
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17 COMMITTEE NAME 18 Filer ID			(Ethics Commission Filers)	
Texas Insurance Action Committee 00054798		•		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1				
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	Х	SCHEDULE E: LOANS		\$ 0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 0.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
				•

SUBTOTALS - GPAC

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Texas Insurance Action Committee** 00054798 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDU	LE E
The Instruction Guide explains how to complete this form.		ges Schedule E: 1 Rpt: 5/5	
2 FILER NAME Texas Insurance Action Committee	3 Filer ID 000547	(Ethics Commission '98	Filers)
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate11 Maturity Date	
		II Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))		
14 Description of Collateral 15 Check if personal funds were None	re deposited	l into political account (See Instructions))
16 GUARANTOR 17 Name of guarantor INFORMATION INFORMATION		19 Amount Guarante	eed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions))		