

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00042577	2 Total pages filed: 156
3 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/14/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 312 North Avenue East, Suite 5 Cranford, NJ 07016		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Scott	
	NICKNAME	LAST	SUFFIX
		Long	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1715 Greenway Village Drive Katy, TX 77494		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1715 Greenway Village Drive Katy, TX 77494		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	457-1472	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC	13 Filer ID (Ethics Commission Filers) 00042577
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,446.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Scott Long

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		18 Filer ID (Ethics Commission Filers) 00042577
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,446.22
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,328.89
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/145 Rpt: 4/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> 6 Contributor address; City; State; Zip Code Schertz, TX 78154	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) TASC
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/145 Rpt: 5/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/145 Rpt: 6/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia <hr/> 6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsworth, Tabatha <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) baker Insurance
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsworth, Tabatha <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) baker Insurance
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsworth, Tabatha <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) baker Insurance
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsworth, Tabatha <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) baker Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/145 Rpt: 7/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsworth, Tabatha	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Jacksonville, TX 75766		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) baker Insurance
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsworth, Tabatha	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Jacksonville, TX 75766		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) baker Insurance
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78279		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78279		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78279		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code San Antonio, TX 78279		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Wortham Insurance
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78279		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78279		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lubbock, TX 79423		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lubbock, TX 79423		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/145 Rpt: 9/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79423	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Rockwall, TX 75087	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/145 Rpt: 10/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75088	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) K&S Insurance Agency
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75089	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75088	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75089	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75090	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/145 Rpt: 11/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/145 Rpt: 12/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/145 Rpt: 13/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/145 Rpt: 14/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) UHC
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code Bullard, TX 75789	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code Bullard, TX 75789	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/145 Rpt: 15/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Bullard, TX 75789		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) CEBPET
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Bullard, TX 75789		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Bullard, TX 75789		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Bullard, TX 75789		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Ernest	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lubbock, TX 79424		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/145 Rpt: 16/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Ernest <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Berry & Mojica Insurance
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Ernest <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Berry & Mojica Insurance
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Ernest <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Berry & Mojica Insurance
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Ernest <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Berry & Mojica Insurance
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Ernest <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Berry & Mojica Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/145 Rpt: 17/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-3001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hilliard Box Insurance
Date 02/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 03/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/145 Rpt: 18/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-3001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hilliard Box Insurance
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/145 Rpt: 19/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77080		
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) Self
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77080		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/145 Rpt: 20/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79761	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) ALG Avery & Associates
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie	Amount of Contribution (\$) \$13.75
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie	Amount of Contribution (\$) \$13.75
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/145 Rpt: 21/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie	7 Amount of Contribution (\$) \$13.75
6 Contributor address; City; State; Zip Code Houston, TX 77027		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/145 Rpt: 22/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Upshaw Insurance
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boucher, Eva <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions by Design-Brokerage
Date 02/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boucher, Eva <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions by Design-Brokerage
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boucher, Eva <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions by Design-Brokerage

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/145 Rpt: 23/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boucher, Eva <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Benefit Solutions by Design-Brokerage
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boucher, Eva <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions by Design-Brokerage
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boucher, Eva <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions by Design-Brokerage
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Alicia <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Alicia <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/145 Rpt: 24/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Alicia <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) UHC
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Alicia <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Alicia <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Alicia <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/145 Rpt: 25/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> 6 Contributor address; City; State; Zip Code Iowa Park, TX 76367	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Financial Partners
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/145 Rpt: 26/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha	7 Amount of Contribution (\$) \$6.25
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Financial Partners
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/145 Rpt: 27/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha	7 Amount of Contribution (\$) \$6.25
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Financial Partners
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budinsky, Martin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Core Benefit Services
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budinsky, Martin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Core Benefit Services
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budinsky, Martin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Core Benefit Services
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budinsky, Martin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Core Benefit Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/145 Rpt: 28/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budinsky, Martin	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Cypress, TX 77433		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Core Benefit Services
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budinsky, Martin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Core Benefit Services
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/145 Rpt: 29/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Round Rock, TX 78665		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) The Buffum Group
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/145 Rpt: 30/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) UHC
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/145 Rpt: 31/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/145 Rpt: 32/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/145 Rpt: 33/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ron <hr/> Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartier, Fred <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales Executive		Employer (See Instructions) United Healthcare
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartier, Fred <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales Executive		Employer (See Instructions) United Healthcare
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartier, Fred <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales Executive		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/145 Rpt: 34/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartier, Fred <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Sales Executive		9 Employer (See Instructions) United Healthcare
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartier, Fred <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales Executive		Employer (See Instructions) United Healthcare
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartier, Fred <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales Executive		Employer (See Instructions) United Healthcare
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code Mcallen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code Mcallen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/145 Rpt: 35/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) Account Manager		9 Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Weatherford, TX 76087	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/145 Rpt: 36/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Senior Services
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Helotes, TX 78024		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Healthcare
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Helotes, TX 78024		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Helotes, TX 78024		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Helotes, TX 78024		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Helotes, TX 78024		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/145 Rpt: 38/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78024	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Healthcare
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 01/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 02/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/145 Rpt: 39/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Caprock
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/145 Rpt: 40/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Caprock
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/145 Rpt: 41/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Financial Partners
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/145 Rpt: 42/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77521	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Major Medical
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/145 Rpt: 43/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> 6 Contributor address; City; State; Zip Code Eagles Pass, TX 78852	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/145 Rpt: 44/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78250	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) De Paoli Professional Services
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debler, John <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/145 Rpt: 45/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debler, John <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78382	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) GSM Insurors
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debler, John <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debler, John <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debler, John <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debler, John <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/145 Rpt: 46/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dytrich, Nancy <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Goldstein Insurance Services
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dytrich, Nancy <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Goldstein Insurance Services
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dytrich, Nancy <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Goldstein Insurance Services
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dytrich, Nancy <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Goldstein Insurance Services
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dytrich, Nancy <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Goldstein Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/145 Rpt: 47/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dytrich, Nancy <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Goldstein Insurance Services
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eller, Darla <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416	Amount of Contribution (\$) \$154.97
Principal occupation / Job title (See Instructions) Sr Client Manager		Employer (See Instructions) Arthur J Gallagher & Co
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/145 Rpt: 48/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Humana
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Tom <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7314	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Tom Ellis Insurance
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Tom <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7314	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Tom Ellis Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/145 Rpt: 49/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Tom	7 Amount of Contribution (\$) \$6.25
6 Contributor address; City; State; Zip Code El Paso, TX 79925-7314		
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) Tom Ellis Insurance
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Tom	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code El Paso, TX 79925-7314		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Tom Ellis Insurance
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Tom	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code El Paso, TX 79925-7314		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Tom Ellis Insurance
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Tom	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code El Paso, TX 79925-7314		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Tom Ellis Insurance
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/145 Rpt: 50/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/145 Rpt: 51/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Kathy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78279	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) GBMB Insurance
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Kathy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GBMB Insurance
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Kathy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GBMB Insurance
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Kathy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GBMB Insurance
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Kathy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GBMB Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/145 Rpt: 52/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Kathy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78279		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) GBMB Insurance
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78738		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78738		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78738		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78738		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/145 Rpt: 53/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Humana
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/145 Rpt: 54/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Leawhnie	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Euless, TX 76039		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Leawhnie	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Euless, TX 76039		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/145 Rpt: 55/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Leawhnie <hr/> 6 Contributor address; City; State; Zip Code Euless, TX 76039	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Leawhnie <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Leawhnie <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaines, Leawhnie <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$18.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Innovative Insurance Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/145 Rpt: 56/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$18.75
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Innovative Insurance Solutions
Date 01/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/145 Rpt: 57/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Harlingen, TX 78550		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ameritas
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Harlingen, TX 78550		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Carlos	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code McAllen, TX 78508		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Golden Outlook Insurance Services
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Carlos	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code McAllen, TX 78508		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Golden Outlook Insurance Services
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Carlos	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code McAllen, TX 78508		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Golden Outlook Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/145 Rpt: 58/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Carlos <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78508	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Golden Outlook Insurance Services
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Carlos <hr/> Contributor address; City; State; Zip Code McAllen, TX 78508	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Golden Outlook Insurance Services
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Carlos <hr/> Contributor address; City; State; Zip Code McAllen, TX 78508	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Golden Outlook Insurance Services
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/145 Rpt: 59/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Healthcare
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Plano, TX 78025		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/145 Rpt: 60/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Plano, TX 78025		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Special Insurance Services
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Plano, TX 78025		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Plano, TX 78025		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Plano, TX 78025		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Plano, TX 78025		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/145 Rpt: 61/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Houston, TX 77043		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ameritas
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/145 Rpt: 62/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ameritas
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/145 Rpt: 63/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Plano, TX 75074		
8 Principal occupation / Job title (See Instructions) Health Insurance Broker		9 Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75074		
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/145 Rpt: 64/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Polly Harris Insurance Agency
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78418		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78418		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/145 Rpt: 65/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	7 Amount of Contribution (\$) \$6.25
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hebert Insurance
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78418		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78418		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78418		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Sugar Land, TX 77487		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/145 Rpt: 66/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77487	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hoffman Insurance Group
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77487	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77487	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77487	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77487	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/145 Rpt: 67/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Holloway Benefit Concepts
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/145 Rpt: 68/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Holloway Benefit Concepts
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/145 Rpt: 69/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Healthcare
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/145 Rpt: 70/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Healthcare
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/145 Rpt: 71/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sandra <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jamie <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digita

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/145 Rpt: 72/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jamie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77040	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) One Digita
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jamie <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digita
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jamie <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digita
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jamie <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digita
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jamie <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digita

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/145 Rpt: 73/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/145 Rpt: 74/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Ben <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Lone Star Health Plans
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Ben <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Lone Star Health Plans
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Ben <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Lone Star Health Plans
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Ben <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Lone Star Health Plans

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/145 Rpt: 75/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Ben <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Lone Star Health Plans
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Ben <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Lone Star Health Plans
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/145 Rpt: 76/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Austin, TX 78717		
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Ameritas
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Boyd, TX 76023		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Boyd, TX 76023		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/145 Rpt: 77/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Marsh & McLennan Agency
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/145 Rpt: 78/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	7 Amount of Contribution (\$) \$6.25
6 Contributor address; City; State; Zip Code Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/145 Rpt: 79/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ashmore & Associates
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/145 Rpt: 80/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ashmore & Associates
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Gary <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Gary <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Gary <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Gary <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/145 Rpt: 81/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Senior Health Plans of Texas
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/145 Rpt: 82/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Senior Health Plans of Texas
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/145 Rpt: 83/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/145 Rpt: 84/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 02/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/145 Rpt: 85/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Aetna TX
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/145 Rpt: 86/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/145 Rpt: 87/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79101	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/145 Rpt: 88/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Amarillo, TX 79101		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/145 Rpt: 89/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hibbs Hallmark
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/145 Rpt: 90/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> 6 Contributor address; City; State; Zip Code Fritch, TX 79036	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/145 Rpt: 91/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Krista <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) 90DegreeBenefits

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/145 Rpt: 92/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Krista <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75007	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) 90DegreeBenefits
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Krista <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) 90DegreeBenefits
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Krista <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) 90DegreeBenefits
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Krista <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) 90DegreeBenefits
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/145 Rpt: 93/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Holmes Murphy & Associates
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/145 Rpt: 94/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78451	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Carlisle Insurance Agency
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78451	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78451	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78451	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78451	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/145 Rpt: 95/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78451		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Carlisle Insurance Agency
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78730		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78730		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78730		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78730		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/145 Rpt: 96/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78730	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/145 Rpt: 97/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Sun Life Financial
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 02/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/145 Rpt: 98/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Account Manager		9 Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75071	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/145 Rpt: 99/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Mckinney, TX 75071		
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) fresh benies
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Mckinney, TX 75071		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Mckinney, TX 75071		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Mckinney, TX 75071		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Mckinney, TX 75071		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/145 Rpt: 100/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Garrin	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Houston, TX 77043		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) One Digital
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Garrin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Garrin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Garrin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Garrin	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77043		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/145 Rpt: 101/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Garrin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) One Digital
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/145 Rpt: 102/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/145 Rpt: 103/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Murphy, TX 75094		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Murphy, TX 75094		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Murphy, TX 75094		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/145 Rpt: 104/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Benefit Solutions
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/145 Rpt: 105/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) One Digital
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/145 Rpt: 106/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77040	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Newkirk & Newkirk
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/145 Rpt: 107/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77040	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Newkirk & Newkirk
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/145 Rpt: 108/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76108	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Boomer Benefits
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/145 Rpt: 109/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Tyler, TX 75703		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tyler, TX 75703		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tyler, TX 75703		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/145 Rpt: 110/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Allen, TX 75013	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) TexCap Insurance Services
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/145 Rpt: 111/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/145 Rpt: 112/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shappell, Trace <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75606	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions)
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/145 Rpt: 113/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) The Insurance Exchange
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/145 Rpt: 114/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ark Assurance
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/145 Rpt: 115/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75057	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) The Brokerage, Inc.
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 01/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/145 Rpt: 116/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/145 Rpt: 117/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southan, Tamela <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75218-4320	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southan, Tamela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southan, Tamela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southan, Tamela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southan, Tamela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/145 Rpt: 118/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southan, Tamela <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75218-4320	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/145 Rpt: 119/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Houston, TX 77077		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Splawn & Associates
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Houston, TX 77077		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spragins, Jackie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76307		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spragins, Jackie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76307		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spragins, Jackie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76307		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/145 Rpt: 120/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spragins, Jackie <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76307	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spragins, Jackie <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76307	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spragins, Jackie <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76307	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/145 Rpt: 121/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Stair & Associates LLC
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/145 Rpt: 122/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75033	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Marsh & McLennan
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/145 Rpt: 123/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77389	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/145 Rpt: 126/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/145 Rpt: 127/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Vogue Insurance
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/145 Rpt: 128/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Tyler, TX 75711		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hibbs Hallmark & Company
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75711		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75711		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75711		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75711		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/145 Rpt: 129/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79464	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/145 Rpt: 130/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79464	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/145 Rpt: 131/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/145 Rpt: 132/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/145 Rpt: 133/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75042	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/145 Rpt: 134/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code San Antonio, TX 78233		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/145 Rpt: 135/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron, Gary	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Hurst, TX 76054		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) GBE&W Benefits
Date 02/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron, Gary	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Hurst, TX 76054		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) GBE&W Benefits
Date 03/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron, Gary	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Hurst, TX 76054		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) GBE&W Benefits
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron, Gary	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Hurst, TX 76054		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) GBE&W Benefits

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2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron, Gary	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Hurst, TX 76054		
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) GBE&W Benefits
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron, Gary	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Hurst, TX 76054		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) GBE&W Benefits
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 79721		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 79721		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 79721		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/145 Rpt: 138/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 79721	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Nexus Insurance Marketing
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 79721	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 79721	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 01/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) Kilpatrick Companies
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Doris <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Pan-American Benefits Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/145 Rpt: 140/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Doris <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Pan-American Benefits Solutions
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Doris <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Pan-American Benefits Solutions
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Doris <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Pan-American Benefits Solutions
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Doris <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Pan-American Benefits Solutions
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Doris <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Pan-American Benefits Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/145 Rpt: 141/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> 6 Contributor address; City; State; Zip Code Kennedale, TX 76060	7 Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/145 Rpt: 142/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> 6 Contributor address; City; State; Zip Code Kennedale, TX 76060	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/145 Rpt: 143/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Protect Plans
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans
Date 01/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/145 Rpt: 144/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code San Antonio, TX 78259		
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) Medicare Man
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78259		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78259		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tom	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Boley Featherston Insurance
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tom	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Boley Featherston Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/145 Rpt: 145/156
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4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tom <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Boley Featherston Insurance
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tom <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Boley Featherston Insurance
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tom <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Boley Featherston Insurance
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tom <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Boley Featherston Insurance
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Valeria <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Carlisle Corrigan Benefits, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/145 Rpt: 146/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Valeria <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Account Manager		9 Employer (See Instructions) Carlisle Corrigan Benefits, LLC
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Valeria <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Carlisle Corrigan Benefits, LLC
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Valeria <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Carlisle Corrigan Benefits, LLC
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Valeria <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Carlisle Corrigan Benefits, LLC
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Valeria <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Carlisle Corrigan Benefits, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/145 Rpt: 147/156
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4 Date 01/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Melanie <hr/> 6 Contributor address; City; State; Zip Code Bedford, TX 76021	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) 90 Degree Benefit
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Melanie <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) 91 Degree Benefit
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/145 Rpt: 148/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Independent Insurance Advisors
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zesch, Bobby <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76902	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Zesch & Pickett Insurance

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 149/156	
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 150/156
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/6 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/19/2023	5 Payee name Jaffe Communications	
6 Amount (\$) 600.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 312 North Avenue East, Suite 5 Cranford, NJ 07016	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Management Fees
Date 01/10/2023	Payee name Jaffe Communications	
Amount (\$) 160.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 312 North Avenue East, Suite 5 Cranford, NJ 07016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Website Development
Date 01/02/2023	Payee name Pay Pal	
Amount (\$) 272.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 1900 San Jose, CA 97136	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 01/20/2023	Payee name Quickbook Payments	
Amount (\$) 47.97 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/6 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/29/2023	5 Payee name Quickbook Payments	
6 Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 02/20/2023	Payee name Quickbook Payments	
Amount (\$) 48.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 02/28/2023	Payee name Quickbook Payments	
Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 03/20/2023	Payee name Quickbook Payments	
Amount (\$) 50.09 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/6 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 03/21/2023	5 Payee name Quickbook Payments	
6 Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 03/22/2023	Payee name Quickbook Payments	
Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 04/20/2023	Payee name Quickbook Payments	
Amount (\$) 46.66 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 04/21/2023	Payee name Quickbook Payments	
Amount (\$) 1.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/6 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/23/2023	5 Payee name Quickbook Payments	
6 Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 04/25/2023	Payee name Quickbook Payments	
Amount (\$) 0.46 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 04/28/2023	Payee name Quickbook Payments	
Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 05/21/2023	Payee name Quickbook Payments	
Amount (\$) 48.43 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/6 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/22/2023	5 Payee name Quickbook Payments	
6 Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 05/28/2023	Payee name Quickbook Payments	
Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 06/20/2023	Payee name Quickbook Payments	
Amount (\$) 46.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 06/22/2023	Payee name Quickbook Payments	
Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/6 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/28/2023	5 Payee name Quickbook Payments	
6 Amount (\$) 0.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees