GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	ne GPAC Instruction	Guide explains how to complete this for	n. 1 Filer ID (Ethics Commission Filers) 00042577				2 Total pages filed: 156		
3	COMMITTEE NAME						OFFICE US		
	National Associatio	on of Benefit and Insurance Profession	als	- Texas PAC			Date Received ELECTRONICAL 07/14/2023		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	СП	TY; STAT	E; ZIP C	ODE			
	ADDRESS	312 North Avenue East, Suite 5					Date Hand-delivered or D	ate Postmarked	
	Change of Address								
		Cranford, NJ 07016					Receipt #	Amount	
							Date Processed		
							Date Imaged		
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST					MI		
	NAME	Scott							
		NICKNAME LAST					SUFFIX		
		Long							
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	E);	AP	T / SUITE #;	CITY;	STAT	E; ZIP CODE	
	STREET ADDRESS	1715 Greenway Village Drive							
	(Residence or Business)	Katy, TX 77494							
7	CAMPAIGN TREASURER	STREET OR PO BOX;		A	PT / SUITE #;	CITY;	STA	TE; ZIP CODE	
	ADDRESS	1715 Greenway Village Drive							
L	Change of Address	Katy, TX 77494							
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER		EXTENSION					
	PHONE	(832) 457-1472							
9	REPORT TYPE	January 15	30	Oth day before elec	ction		Dissolution (Attach	PAC-DR)	
			8t	h day before elect	ion		10th day after camp	baign treasurer	
		X July 15		unoff		L	termination		
¹⁰	PERIOD COVERED	Month Day Year 01/01/2023	TI	HROUGH	Month 06/3	Day 30/2023	Year		
11	. ELECTION	ELECTION DATE)rimon (YPE			
		Month Day Year		Primary	Runoff		Other		
				General	Special				
⊢									
				TO PAGE 2					
Fo	rms provided by Tex	kas Ethics Commission www	v.e	thics.state.tx.u	IS		Version	1 V3.5.1.a18ea2ca	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID (Ethics Comm	
National Association of Benefit and Insurance Professionals - Texas PAC 00042577	11031011111013)
14 COMMITTEE 1. Candidates A. Supported	
ACTIVITY (Identify by name or, if	
applicable, classify by party.)	
(Attach lists on plain paper to complete this B. Opposed	
report if necessary.)	
2. Measures A. Supported	
(Describe by date and location of election and nature of issue.)	
B. Opposed	
3. Officeholders	
Assisted	
(Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	
TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR SCONTRIBUTIONS MADE ELECTRONICALLY)	0.00
contraise mons made electronically	
2. TOTAL POLITICAL CONTRIBUTIONS	10,440,00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	13,446.22
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$	0.00
4. TOTAL POLITICAL EXPENDITURES \$	
	0.00
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
BALANCE OF THE REPORTING PERIOD \$	0.00
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	
LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$	0.00
16 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the accompanying true and correct and includes all information required to be reporte under Title 15, Election Code.	
Scott Long	
Signature of Campaign Treasurer	
AFFIX NOTARY STAMP / SEAL ABOVE	
ALLIA NUTART STANE / SEAL ADUVE	
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 administeri	ng oath
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3	.5.1.a18ea2ca

SUBTOTALS - GPAC	C	_	RM GPAC HEET PG 3 3 of 156
17 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC	18 Filer ID 00042577	(Ethics Con	nmission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBT	OTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,446.22
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	8	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X SCHEDULE E: LOANS		\$	0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	1,328.89
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instruc	tion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/145 Rpt: 4/156	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
01/31/2023	Adams, Carla				\$12.50
ľ	6 Contributor address; City; State; Zip Code		1		
	0 · · · TV 70454				
Dringingloggur	Schertz, TX 78154	Employer (See Instructions			
8 Principal occup Insurance Ag	pation / Job title (See Instructions) rent	9 Employer (See Instructions TASC	S)		
			T		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ12 ደብ
03/22/2023	Adams, Carla				\$12.50
	Contributor address; City; State; Zip Code				
	Schertz, TX 78154				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Insurance Ag		TASC	-,		
Date	Full name of contributor Out-of-state PAC (ID#:_)	1	Amount of Contribution (\$)	
04/22/2023				, and an el	\$12.50
	Contributor address; City; State; Zip Code		•		·
	Schertz, TX 78154				
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance Ag	ent	TASC			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/22/2023	Adams, Carla				\$12.50
ĺ	Contributor address; City; State; Zip Code		1		
	Schertz, TX 78154				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
Insurance Ag		TASC	-,		
Date	Full name of contributor Out-of-state PAC (ID#:_		T	Amount of Contribution (\$)	
06/22/2023	Adams, Carla	/			\$12.50
	Contributor address; City; State; Zip Code		•		¥
	Schertz, TX 78154				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance Ag	ent	TASC			
		1			

The Instruction Guide explains how to complete this form. FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC Date 5 Full name of contributor out-of-state PAC (ID#:	1 Total pages Schedule A1: Sch: 2/145 Rpt: 5/156 3 Filer ID (Ethics Commission Filers) 00042577) 7 Amount of Contribution (\$) \$12.50
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National Association of Benefit and Insurance Professionals - Texas PAC Date 5 Full name of contributor out-of-state PAC (ID#:	00042577) 7 Amount of Contribution (\$)
01/20/2023 Ahlquist, Neldia 6 Contributor address; City; State; Zip Code	
01/20/2023 Ahlquist, Neldia 6 Contributor address; City; State; Zip Code	
Lake Jackson, TX 77566	
Lake Jackson, TX 77566	
	er (See Instructions)
Insurance Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/20/2023 Ahlquist, Neldia	\$12.50
Contributor address; City; State; Zip Code	
Lake Jackson, TX 77566	
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Insurance Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
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Contributor address; City; State; Zip Code	
Lake Jackson, TX 77566	
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Insurance Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
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Lake Jackson, TX 77566	
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Jacksonville, TX 75766			
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butor out-of-state PAC (ID#:	baker Insurance		\$12.50
butor out-of-state PAC (ID#: tha s; City; State; Zip Code	baker Insurance		\$12.50
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6 Contributor address; City; State; Zip Code Jacksonville, TX 75766 Principal occupation / Job title (See Instructions) baker Insurance 8 Principal occupation / Job title (See Instructions) baker Insurance Date Full name of contributor 06/09/2023 Ainsworth, Tabatha Contributor address; City; State; Zip Code Amount of Contribution (\$) Jacksonville, TX 75766 Employer (See Instructions) baker Insurance Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) baker Insurance Date Full name of contributor out-of-state PAC (ID#:						
2 File R0 MAME 3 Filer ID (Ehrs: Commission Filers) 4 Date 05/09/2023 5 Full mane of contributor out-of-state PAC (Der	The Instru	ction Guide explains how to complete this f	form.	1		
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B Principal occupation / Job title (See Instructions) Insurance Agent B Employer (See Instructions) baker Insurance Date 06/09/2023 Full name of contributor out-of-state PAC (ID#) Answorth, Tabatha Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) baker Insurance Amount of Contribution (\$) \$12.50 Date 01/07/2023 Full name of contributor Antongiovanni, Joanna Contributor address; City; State; Zip Code Employer (See Instructions) baker Insurance Amount of Contribution (\$) \$12.50 Date 01/07/2023 Full name of contributor San Antonio, TX 78279 Employer (See Instructions) Insurance Agent Amount of Contribution (\$) \$12.50 Date 02/07/2023 Full name of contributor San Antonio, TX 78279 Employer (See Instructions) Insurance Agent Amount of Contribution (\$) \$12.50 Date 02/07/2023 Full name of contributor San Antonio, TX 78279 Employer (See Instructions) Insurance Agent Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Wortham Insurance Amount of Contribution (\$) \$12.50 Date 03/07/2023 Full name of contributor San Antonio, TX 78279 Employer (See Instructions) Wortham Insurance Amount of Contribution (\$) \$12.50 Date 03/07/2023 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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Date Full name of contributor out-ot-state PAC (ID#:) Amount of Contribution (\$) \$12.50 01/07/2023 Antongiovanni, Joanna Contributor address; City; State; Zip Code \$12.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50 Insurance Agent Wortham Insurance Amount of Contribution (\$) \$12.50 Date Full name of contributor out-ot-state PAC (ID#:) Amount of Contribution (\$) \$12.50 02/07/2023 Antongiovanni, Joanna out-ot-state PAC (ID#:) Amount of Contribution (\$) \$12.50 02/07/2023 Antongiovanni, Joanna out-ot-state PAC (ID#:) Amount of Contribution (\$) \$12.50 02/07/2023 Antonio, TX 78279 Employer (See Instructions) \$12.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50 Insurance Agent Wortham Insurance Amount of Contribution (\$) \$12.50 03/07/2023 Full name of contributor out-ot-state PAC (ID#:	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
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Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Wortham Insurance Date Full name of contributor out-of-state PAC (ID#:) Antongiovanni, Joanna Amount of Contribution (\$) \$12.50 02/07/2023 Antongiovanni, Joanna Contributor address; City; State; Zip Code San Antonio, TX 78279 Employer (See Instructions) Insurance Agent Employer (See Instructions) Wortham Insurance Date Full name of contributor out-of-state PAC (ID#:		Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Wortham Insurance Date Full name of contributor out-of-state PAC (ID#:) Antongiovanni, Joanna Amount of Contribution (\$) \$12.50 02/07/2023 Antongiovanni, Joanna Contributor address; City; State; Zip Code San Antonio, TX 78279 Employer (See Instructions) Insurance Agent Employer (See Instructions) Wortham Insurance Date Full name of contributor out-of-state PAC (ID#:						
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02/07/2023 Antongiovanni, Joanna \$12.50 Contributor address; City; State; Zip Code \$12.50 San Antonio, TX 78279 Employer (See Instructions) Insurance Agent Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Antongiovanni, Joanna Antongiovanni, Joanna Amount of Contribution (\$) 03/07/2023 Full name of contributor out-of-state PAC (ID#:) Antongiovanni, Joanna Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78279 Employer (See Instructions) \$12.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50	Insurance A	gent	Wortham Insurance			
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San Antonio, TX 78279 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Wortham Insurance Date Full name of contributor out-of-state PAC (ID#:) 03/07/2023 Antongiovanni, Joanna Amount of Contribution (\$) Contributor address; City; State; Zip Code San Antonio, TX 78279 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Set Instructions)	02/07/2023	Antongiovanni, Joanna				\$12.50
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Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Wortham Insurance Date Full name of contributor out-of-state PAC (ID#:) 03/07/2023 Antongiovanni, Joanna Amount of Contribution (\$) Contributor address; City; State; Zip Code San Antonio, TX 78279 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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Insurance Agent Wortham Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2023 Antongiovanni, Joanna \$12.50 Contributor address; City; State; Zip Code San Antonio, TX 78279 Full contribution Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Princinal occu		Employer (See Instructions	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2023 Antongiovanni, Joanna \$12.50 Contributor address; City; State; Zip Code San Antonio, TX 78279 Principal occupation / Job title (See Instructions) Employer (See Instructions)				5)		
03/07/2023 Antongiovanni, Joanna \$12.50 Contributor address; City; State; Zip Code \$12.50 San Antonio, TX 78279 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				Т	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code San Antonio, TX 78279 Principal occupation / Job title (See Instructions) Employer (See Instructions))			\$12 50
San Antonio, TX 78279 Principal occupation / Job title (See Instructions) Employer (See Instructions)	00/01/2020	-		-		Ψ12.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Culturbulor address, City, State, Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
		San Antonio, TX 78279				
Insurance Agent Wortham Insurance	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Wortham Insurance			
				s)		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/145 Rpt: 8/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/07/2023	Antongiovanni, Joanna		\$12	.50
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78279			
8 Principal occur	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance Ag	gent	Wortham Insurance		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/07/2023	Antongiovanni, Joanna		\$12	.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78279			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag	gent	Wortham Insurance		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/07/2023	Antongiovanni, Joanna		\$12	.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78279			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag	gent	Wortham Insurance		
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/20/2023	Ashmore, Elizabeth		\$25	.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79423			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag	-	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/20/2023	Ashmore, Elizabeth		\$25	.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79423			
Dringing occu		Employer (See Instructions)	\	
Insurance Ag	Ipation / Job title (See Instructions)	Employer (See Instructions) Self)	

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 6/145 Rpt: 9/156	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	National Ass	ociation of Benefit and Insurance Professiona	als - Te	xas PAC		00042577	
4	Date	5 Full name of contributor Out-of-state PAG	.C (ID#:)	7	Amount of Contribution (\$)	
	03/20/2023	Ashmore, Elizabeth					\$25.00
		6 Contributor address; City; State; Zip Code					
		Lubbock, TX 79423					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Insurance A	jent		Self			
	Date	Full name of contributor 🔲 out-of-state PAG	.C (ID#:)		Amount of Contribution (\$)	
	04/20/2023	Ashmore, Elizabeth					\$25.00
		Contributor address; City; State; Zip Code					
		Lubbock, TX 79423					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	jent		Self			
	Date	Full name of contributor 🔲 out-of-state PAG	.C (ID#:)	Γ	Amount of Contribution (\$)	
	05/20/2023	Ashmore, Elizabeth					\$25.00
		Contributor address; City; State; Zip Code					
		Lubbock, TX 79423			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Insurance Ag			501			
	Date	Full name of contributor Out-of-state PAG	.C (ID#:)		Amount of Contribution (\$)	
	06/20/2023	Ashmore, Elizabeth					\$25.00
		Contributor address; City; State; Zip Code					
		Lubbook TV 70402					
┝	Dringing occu	Lubbock, TX 79423 pation / Job title (See Instructions)		Employor (Soo Instructions	<u> </u>		
	Insurance Ag	,		Employer (See Instructions Self	5)		
╘				3eii	-		
	Date	Full name of contributor Out-of-state PAG	.C (ID#:)		Amount of Contribution (\$)	÷10 F0
	01/20/2023	Avery, Wendy					\$12.50
		Contributor address; City; State; Zip Code					
		Rockwall, TX 75087					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Ag			K&S Insurance Agency	<i>)</i>		
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 7/145 Rpt: 10/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/20/2023	Avery, Wendy				\$12.50
		6 Contributor address; City; State; Zip Code		1		
		Rockwall, TX 75088				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A	yent	K&S Insurance Agency			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/20/2023	Avery, Wendy				\$12.50
		Contributor address; City; State; Zip Code		1		
		Rockwall, TX 75089				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	K&S Insurance Agency			
	Date)	Γ	Amount of Contribution (\$)	
	04/20/2023	Avery, Wendy				\$12.50
		Contributor address; City; State; Zip Code				
		Declarical TV 75000				
	Duin single age	Rockwall, TX 75088		Ĺ		
	Principal occu Insurance Ag	ipation / Job title (See Instructions)	Employer (See Instructions K&S Insurance Agency	5)		
		-		1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷40 F0
	05/20/2023	Avery, Wendy				\$12.50
		Contributor address; City; State; Zip Code				
		Rockwall, TX 75089				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Insurance Ag		K&S Insurance Agency	<i>,</i>		
╞				1	A second of Constribution (\$)	
	Date 06/20/2023	Full name of contributor out-of-state PAC (ID#: Avery, Wendy)		Amount of Contribution (\$)	\$12.50
	00/20/2020					Φ12.00
		Contributor address; City; State; Zip Code				
		Rockwall, TX 75090				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Insurance Ag		K&S Insurance Agency	-)		
⊢						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/145 Rpt: 11/156
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
National Association of Benefit and Insurance Professionals - Texas PAC	00042577
4 Date 5 Full name of contributor out-of-state PAC (ID#:)) 7 Amount of Contribution (\$)
01/20/2023 Barrera, Rolando	\$100.00
6 Contributor address; City; State; Zip Code	
Computer Christia TV 70/10	
Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions)	Alexandre and a second se
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Insurance Agent Self	10NS)
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
01/21/2023 Barrera, Rolando	\$12.50
Contributor address; City; State; Zip Code	
Comus Christi TV 70/12	
Corpus Christi, TX 78413	airen N
Principal occupation / Job title (See Instructions)Employer (See Instructions)Insurance AgentSelf	10NS)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023 Barrera, Rolando	\$100.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Insurance Agent Self	,
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
02/21/2023 Barrera, Rolando	\$12.50
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Insurance Agent Self	
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
03/20/2023 Barrera, Rolando	\$100.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Insurance Agent Self	

The Instrue	ction Guide explains how to complete this f	iorm.		Fotal pages Schedule A1: Sch: 9/145 Rpt: 12/156	
2 FILER NAME			3 F	Filer ID (Ethics Commission	n Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 4	Amount of Contribution (\$)	
03/21/2023	Barrera, Rolando				\$12.50
	6 Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78413				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Insurance Ag	gent	Self			
Date	Full name of contributor out-of-state PAC (ID#:_	·)	A	Amount of Contribution (\$)	
04/20/2023	Barrera, Rolando				\$100.00
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78413	_			
	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance Ag	gent	Self			
Date	Full name of contributor out-of-state PAC (ID#:_)	A	Amount of Contribution (\$)	
04/21/2023	Barrera, Rolando			\$1	\$12.50
	Contributor address; City; State; Zip Code				
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		ſ			
	Corpus Christi, TX 78413	-			
	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance Aç	gent	Self			
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
05/20/2023	Barrera, Rolando	, Rolando			\$100.00
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78413		Ĺ		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance Aç		Self			
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
05/21/2023	Barrera, Rolando				\$12.50
	Contributor address; City; State; Zip Code	ſ			
	Corpus Christi, TX 78413				
Dringinglassy					
	ipation / Job title (See Instructions)	Employer (See Instructions Self	S)		
Insurance A		Sell			

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date 06/20/2023	5 Full name of contributor out-of-state PAC (ID#: Barrera, Rolando)	7 Amount of Contribution (\$)\$100.00
	6 Contributor address; City; State; Zip Code		•
	Corpus Christi, TX 78413		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/21/2023	Barrera, Rolando		\$12.50
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	Σ δ)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Bellman, Mark		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240		
Principal occup Insurance Ag	pation / Job title (See Instructions) gent	Employer (See Instructions UHC	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Bellman, Mark		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240		
Principal occup Insurance Ag	pation / Job title (See Instructions) gent	Employer (See Instructions UHC	š)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Bellman, Mark Contributor address; City; State; Zip Code		\$50.00
	Dallas, TX 75240		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Insurance Ag	jent	UHC	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/145 Rpt: 14/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/20/2023			\$50.00
	6 Contributor address; City; State; Zip Code	1	1
	Dallas, TX 75240		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Insurance A	gent	UHC	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/20/2023	Bellman, Mark		\$50.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75240		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Ag	gent	UHC	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2023	Bellman, Mark		\$50.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75240		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance A	gent	UHC	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/23/2023	Bentley, Beau		\$12.50
	Contributor address; City; State; Zip Code	1	1
	Bullard, TX 75789		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	CEBPET	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/23/2023	Bentley, Beau		\$12.50
	Contributor address; City; State; Zip Code		•
	Bullard, TX 75789		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	CEBPET	
		·	

The Instruction	on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 12/145 Rpt: 15/156	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	iation of Benefit and Insurance Professionals - Te		00042577	
4 Date 5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/23/2023	Bentley, Beau			\$12.50
6	Contributor address; City; State; Zip Code			
	Bullard, TX 75789			
		9 Employer (See Instructions)		
Insurance Agen	it	CEBPET		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/23/2023	Bentley, Beau			\$12.50
	Contributor address; City; State; Zip Code			
	Bullard, TX 75789			
	tion / Job title (See Instructions)	Employer (See Instructions)		
Insurance Agen	1t	CEBPET		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/23/2023	Bentley, Beau			\$12.50
	Contributor address; City; State; Zip Code			
1				
	Bullard, TX 75789			
	tion / Job title (See Instructions)	Employer (See Instructions)	1	
Principal occupati Insurance Agen	tion / Job title (See Instructions)	Employer (See Instructions) CEBPET		
	tion / Job title (See Instructions)	CEBPET	Amount of Contribution (\$)	
Insurance Agen	tion / Job title (See Instructions) nt	CEBPET		\$12.50
Insurance Agen	tion / Job title (See Instructions) nt Full name of contributor Out-of-state PAC (ID#:_	CEBPET		\$12.50
Insurance Agen	tion / Job title (See Instructions) nt Full name of contributor out-of-state PAC (ID#:_ Bentley, Beau	CEBPET		\$12.50
Insurance Agen	tion / Job title (See Instructions) nt Full name of contributor out-of-state PAC (ID#:_ Bentley, Beau Contributor address; City; State; Zip Code	CEBPET		\$12.50
Insurance Agen Date 06/23/2023	ion / Job title (See Instructions) nt Full name of contributor out-of-state PAC (ID#:_ Bentley, Beau Contributor address; City; State; Zip Code Bullard, TX 75789)	Amount of Contribution (\$)	\$12.50
Insurance Agen Date 06/23/2023	tion / Job title (See Instructions) nt Full name of contributor out-of-state PAC (ID#:_ Bentley, Beau Contributor address; City; State; Zip Code Bullard, TX 75789 tion / Job title (See Instructions)	CEBPET)	Amount of Contribution (\$)	\$12.50
Insurance Agen Date 06/23/2023	tion / Job title (See Instructions) nt Full name of contributor out-of-state PAC (ID#:_ Bentley, Beau Contributor address; City; State; Zip Code Bullard, TX 75789 tion / Job title (See Instructions))	Amount of Contribution (\$)	\$12.50
Insurance Agen Date 06/23/2023 Principal occupati Insurance Agen Date	tion / Job title (See Instructions) Tull name of contributor out-of-state PAC (ID#:	CEBPET)	Amount of Contribution (\$)	
Insurance Agen Date 06/23/2023 Principal occupati Insurance Agen	tion / Job title (See Instructions) Tu Full name of contributor out-of-state PAC (ID#:_ Bentley, Beau Contributor address; City; State; Zip Code Bullard, TX 75789 tion / Job title (See Instructions) t	CEBPET)	Amount of Contribution (\$)	\$12.50
Insurance Agen Date 06/23/2023 Principal occupati Insurance Agen Date	tion / Job title (See Instructions) Tull name of contributor out-of-state PAC (ID#:	CEBPET)	Amount of Contribution (\$)	
Insurance Agen Date 06/23/2023 Principal occupati Insurance Agen Date	tion / Job title (See Instructions) nt Full name of contributor	CEBPET)	Amount of Contribution (\$)	
Insurance Agen Date 06/23/2023 Principal occupati Insurance Agen Date	ion / Job title (See Instructions) nt Full name of contributor Bentley, Beau Contributor address; City; State; Zip Code Bullard, TX 75789 tion / Job title (See Instructions) nt Full name of contributor out-of-state PAC (ID#:_ Berry, Ernest Contributor address; City; State; Zip Code	CEBPET)	Amount of Contribution (\$)	
Insurance Agen Date 06/23/2023 Principal occupati Insurance Agen Date 01/20/2023	tion / Job title (See Instructions) nt Full name of contributor	CEBPET	Amount of Contribution (\$)	
Insurance Agen Date 06/23/2023 Principal occupati Insurance Agen Date 01/20/2023	tion / Job title (See Instructions) nt Full name of contributor	CEBPET)	Amount of Contribution (\$)	

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 13/145 Rpt: 16/156	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		sociation of Benefit and Insurance Professionals - To			00042577	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/20/2023	Berry, Ernest				\$25.00
		6 Contributor address; City; State; Zip Code				
_		Lubbock, TX 79424		Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions) Berry & Mojica Insurance			
	Insurance Ag		Berry & Mojica Insuranc	е —		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 05 00
	03/20/2023	Berry, Ernest				\$25.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79424				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Insurance A		Berry & Mojica Insuranc			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/20/2023	Berry, Ernest			• -	\$25.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79424				
	•	Ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag		Berry & Mojica Insuranc	.e		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/20/2023	Berry, Ernest				\$25.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79424				
	Principal occl	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Insurance A		Berry & Mojica Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	06/20/2023	Berry, Ernest			, unduit of 22	\$25.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79424				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Berry & Mojica Insurance	e		
4						

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/145 Rpt: 17/156	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	ociation of Benefit and Insurance Professionals - Te		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/18/2023	Blair, Mary Ann			\$25.00
	6 Contributor address; City; State; Zip Code			
	T 1 TV 75700 0001			
Dringinglocour	Tyler, TX 75703-3001	Employer (See Instructions)		
Insurance Ag	pation / Job title (See Instructions)	 9 Employer (See Instructions) Hilliard Box Insurance)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 25 00
02/18/2023	Blair, Mary Ann			\$25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703-3001			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag		Hilliard Box Insurance		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/18/2023	Blair, Mary Ann			\$25.00
	Contributor address; City; State; Zip Code			
	•			
	Tyler, TX 75703-3001	<u> </u>		
	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag		Hilliard Box Insurance		
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Hilliard Box Insurance	Amount of Contribution (\$)	
Insurance Ag	ient	Hilliard Box Insurance		\$25.00
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Hilliard Box Insurance		\$25.00
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Hilliard Box Insurance		\$25.00
Insurance Ag	Full name of contributor out-of-state PAC (ID#:_ Blair, Mary Ann Contributor address; City; State; Zip Code	Hilliard Box Insurance		\$25.00
Insurance Ag Date 04/18/2023	Full name of contributor out-of-state PAC (ID#:_ Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001)		\$25.00
Insurance Ag Date 04/18/2023 Principal occup	Full name of contributor out-of-state PAC (ID#:	Hilliard Box Insurance) Employer (See Instructions) Hilliard Box Insurance		\$25.00
Insurance Ag Date 04/18/2023 Principal occup Insurance Ag	Full name of contributor out-of-state PAC (ID#:_ Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001 Dation / Job title (See Instructions) pent Description))	\$25.00
Insurance Ag Date 04/18/2023 Principal occup	Jent Full name of contributor Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001 Dation / Job title (See Instructions) Jent Full name of contributor Out-of-state PAC (ID#:_)) Amount of Contribution (\$)	\$25.00
Insurance Ag Date 04/18/2023 Principal occur Insurance Ag Date	Full name of contributor out-of-state PAC (ID#:_ Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001 Dation / Job title (See Instructions) pent out-of-state PAC (ID#:_ Blair, Mary Ann out-of-state PAC (ID#:_ Blair, Mary Ann Dout-of-state PAC (ID#:_)) Amount of Contribution (\$)	
Insurance Ag Date 04/18/2023 Principal occur Insurance Ag Date	Jent Full name of contributor Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001 Dation / Job title (See Instructions) Jent Full name of contributor Out-of-state PAC (ID#:_)) Amount of Contribution (\$)	
Insurance Ag Date 04/18/2023 Principal occur Insurance Ag Date	Full name of contributor out-of-state PAC (ID#:_ Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001 Dation / Job title (See Instructions) pent out-of-state PAC (ID#:_ Blair, Mary Ann out-of-state PAC (ID#:_ Blair, Mary Ann Dout-of-state PAC (ID#:_)) Amount of Contribution (\$)	
Insurance Ag Date 04/18/2023 Principal occur Insurance Ag Date	Full name of contributor out-of-state PAC (ID#:_ Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001 Dation / Job title (See Instructions) pent out-of-state PAC (ID#:_ Blair, Mary Ann out-of-state PAC (ID#:_ Blair, Mary Ann Dout-of-state PAC (ID#:_)) Amount of Contribution (\$)	
Insurance Ag Date 04/18/2023 Principal occur Insurance Ag Date 05/18/2023	Full name of contributor out-of-state PAC (ID#:_ Blair, Mary Ann contributor address; City; State; Zip Code Tyler, TX 75703-3001 coation / Job title (See Instructions) pent out-of-state PAC (ID#:_ Blair, Mary Ann contributor address; City; State; Zip Code Contributor ddress; City; State; Zip Code contributor)) Amount of Contribution (\$)	

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 15/145 Rpt: 18/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te			00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/18/2023	Blair, Mary Ann				\$25.00
	I	6 Contributor address; City; State; Zip Code		1		
		Tyler, TX 75703-3001				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Insurance A	gent	Hilliard Box Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/17/2023	Block, Howard				\$25.00
	I	Contributor address; City; State; Zip Code		1		
		Houston, TX 77080				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Agent		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	02/17/2023	Block, Howard				\$25.00
	I	Contributor address; City; State; Zip Code		1		
		Houston, TX 77080				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		Self	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/17/2023	Block, Howard]		\$25.00
		Contributor address; City; State; Zip Code]		
		Hauston TV 77000				
	Dringingl occu	Houston, TX 77080	Employer (See Instructions			
	Agent	upation / Job title (See Instructions)	Employer (See Instructions Self	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀሳር 00</u>
	04/17/2023	Block, Howard				\$25.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77080				
<u> </u>	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Agent		Self	5)		
	Ауста					

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The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 16/145 Rpt: 19/156	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
National Ass	sociation of Benefit and Insurance Professionals - To		00042577	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/17/2023	Block, Howard			\$25.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77080			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Agent		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/17/2023	Block, Howard			\$25.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77080			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Agent		Self)	
			Amount of Contribution (¢)	
Date 01/20/2023	Full name of contributor out-of-state PAC (ID#: Bolden, Michael)	Amount of Contribution (\$)	\$25.00
01/20/2023				φ20.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79761			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance A	gent	ALG Avery & Associates	5	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/20/2023	Bolden, Michael			\$25.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79761			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Insurance A		ALG Avery & Associates		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Bolden, Michael			\$25.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79761			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Insurance A		ALG Avery & Associates		
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The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 17/145 Rpt: 20/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/20/2023	Bolden, Michael		\$25.00
	6 Contributor address; City; State; Zip Code		
	Odessa, TX 79761		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Insurance A	gent	ALG Avery & Associates	5
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023	Bolden, Michael		\$25.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79761		
	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	gent	ALG Avery & Associates	5
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Bolden, Michael		\$25.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79761		
•	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	gent	ALG Avery & Associates	S
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/19/2023	Bonczek, Christie		\$13.75
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/19/2023	Bonczek, Christie		\$13.75
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Insurance A	gent	Self	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/145 Rpt: 21/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/19/2023	Bonczek, Christie			\$13.75
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77027			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance A		Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/23/2023	Booth, Tonya		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Cornell TV 75010			
Dringing ogg	Coppell, TX 75019		<u> </u>	
Insurance A	ipation / Job title (See Instructions)	Employer (See Instructions) Upshaw Insurance)	
	-	· ·		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	105 OO
02/23/2023	Booth, Tonya		Ф Ф	\$25.00
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance A	gent	Upshaw Insurance		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/23/2023	Booth, Tonya		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Connell TV 75010			
Dringing occu	Coppell, TX 75019 upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Insurance A		Upshaw Insurance)	
	-			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*2E 00
04/23/2023	Booth, Tonya		ф 4	\$25.00
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag		Upshaw Insurance	, ,	
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National Association of Benefit and Insurance Professionals - Texas PAC 00042577				
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor uucof state PAC (D#) 7 Amount of Contribution (\$) \$25,00 6 Contributor address; City; State; Zip Code Coppell, TX 75019 9 Employer (See Instructions) \$25,00 8 Principal occupation / Job tite (See Instructions) 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya Employer (See Instructions) Imployer (See Instructions) \$25,00 01/13/2023 Full name of contributor out-of state PAC (D#	The Instruc	tion Guide explains how to complete this f	orm.	
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor uucof state PAC (D#) 7 Amount of Contribution (\$) \$25,00 6 Contributor address; City; State; Zip Code Coppell, TX 75019 9 Employer (See Instructions) \$25,00 8 Principal occupation / Job tite (See Instructions) 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya 0ucof state PAC (D#) Amount of Contribution (\$) \$25,00 06/23/2023 Booth, Tonya Employer (See Instructions) Imployer (See Instructions) \$25,00 01/13/2023 Full name of contributor out-of state PAC (D#	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
05/23/2023 Booth, Tonya \$25.00 6 Contributor address; City; State; Zip Code \$25.00 7 Coppell, TX 75019 \$ Employer (See Instructions) 1 Date Full name of contributor out of state PAC (ID#) 06/23/2023 Booth, Tonya Amount of Contribution (\$) \$25.00 06/23/2023 Booth, Tonya Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.00 1nsurance Agent Upshaw Insurance Amount of Contribution (\$) \$25.00 Date Full name of contributor out-of-state PAC (ID#	National Asso	ociation of Benefit and Insurance Professionals - Te	exas PAC	
05/23/2023 Booth, Tonya \$25.00 6 Contributor address; City; State; Zip Code	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
6 Contributor address; City; State; Zip Code Coppell, TX 75019 9 Employer (See Instructions) Insurance Agent Upshaw Insurance Date Contributor address; City; State; Zip Code Amount of Contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Insurance Agent Upshaw Insurance Amount of Contribution (\$) \$12.50 Date Full name of contributor ouc-of-state PAC (10#) Amount of Contribution (\$) 01/13/2023 Full name of contributor ouc-of-state PAC (10#) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50 Outor Vylie, TX 75098 Employer (See Instructions) \$12.50 Oli 2/13/2023 Boucher, Eva Amount of Contribution (\$) \$12.50 Oli 2/13/2023 Full name of contributor out-of-state PAC (10#	05/23/2023			
Coppell, TX 75019 Principal occupation / Job title (See Instructions) Insurance Agent J Employer (See Instructions) Upshaw Insurance Date Full name of contributor out-of-state PAC (Dir:) Amount of Contribution (\$) 06/23/2023 Four name of contributor out-of-state PAC (Dir:) Amount of Contribution (\$) 06/23/2023 Four name of contributor out-of-state PAC (Dir:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Upshaw Insurance Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Dir:) Amount of Contribution (\$) 01/13/2023 Boucher, Eva Employer (See Instructions) Benefit Solutions by Design-Brokerage Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Benefit Solutions by Design-Brokerage Date Vijle, TX 75098 Employer (See Instructions) Benefit Solutions by Design-Brokerage Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Benefit Solutions by Design-Brokerage Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Benefit Solutions by Design-Brokerage Date Full name of contributor out-of-state PAC (ŀ	-		•
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#) Booth, Tonya Amount of Contribution (\$) \$25.00 06/23/2023 Booth, Tonya Contributor address; City: State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Upshaw Insurance Amount of Contribution (\$) \$25.00 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$12.50 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$12.50 O1/13/2023 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Benefit Solutions by Design-Brokerage \$12.50 O2/13/2023 Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Oate Kuil name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code Amount of Contribution				
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#) Booth, Tonya Amount of Contribution (\$) \$25.00 06/23/2023 Booth, Tonya Contributor address; City: State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Upshaw Insurance Amount of Contribution (\$) \$25.00 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$12.50 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$12.50 O1/13/2023 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Benefit Solutions by Design-Brokerage \$12.50 O2/13/2023 Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Oate Kuil name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code Amount of Contribution				
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	Principal occup	-	Employer (See Instructions	<u> </u>
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	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 20/145 Rpt: 23/156
2 FILER NAME National Asso	ociation of Benefit and Insurance Professionals - Te		 Filer ID (Ethics Commission Filers) 00042577
4 Date 04/13/2023	5 Full name of contributor Out-of-state PAC (ID#: Boucher, Eva)	7 Amount of Contribution (\$) \$12
	6 Contributor address; City; State; Zip Code		
	Wylie, TX 75098		
8 Principal occup Insurance Ag		9 Employer (See Instructions) Benefit Solutions by Des	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/13/2023	Boucher, Eva		\$12
	Contributor address; City; State; Zip Code		
I	Wylie, TX 75098		
	pation / Job title (See Instructions)	Employer (See Instructions)	,
Insurance Ag	,ent	Benefit Solutions by Des	sign-Brokerage
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/13/2023	Boucher, Eva		\$12
	Contributor address; City; State; Zip Code		
	Wylie, TX 75098		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Ag	jent	Benefit Solutions by Des	sign-Brokerage
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Bowers, Alicia		\$6
	Contributor address; City; State; Zip Code		
1			•
	Helotes, TX 78023		
Principal occur Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions) UHC)
	pation / Job title (See Instructions)		c) Amount of Contribution (\$)
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Insurance Ag Date 02/20/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#: Bowers, Alicia Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$6

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 21/145 Rpt: 24/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/20/2023			\$6.2
	6 Contributor address; City; State; Zip Code		
	Helotes, TX 78023		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	3)
Insurance A	gent	UHC	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/20/2023	Bowers, Alicia		\$6.2
	Contributor address; City; State; Zip Code		
	Helotes, TX 78023		
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Insurance A	.gent	UHC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023	Bowers, Alicia		\$6.2
	Contributor address; City; State; Zip Code		
	Helotes, TX 78023]	
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Insurance A	gent	UHC	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2023	Bowers, Alicia		\$6.2
	Contributor address; City; State; Zip Code		
Dringipal agai	Helotes, TX 78023		<u> </u>
Principal occu Insurance A	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023			\$12.5
	Contributor address; City; State; Zip Code		
	Iowa Park, TX 76367		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Insurance A		Financial Partners	<i>·)</i>

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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 22/145 Rpt: 25/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/20/2023	Bradberry1, Cherrie				\$12.50
		6 Contributor address; City; State; Zip Code		1		
_		Iowa Park, TX 76367	- · · · · · · · · · · · · · · · · · · ·	Ĺ		
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_	Insurance A	-	Financial Partners	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/20/2023	Bradberry1, Cherrie				\$12.50
		Contributor address; City; State; Zip Code				
		lowa Park, TX 76367				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נ)		
	Insurance Ag		Financial Partners	,		
_	Date	Full name of contributor out-of-state PAC (ID#:_		Г	Amount of Contribution (\$)	
	04/20/2023	Bradberry1, Cherrie	/		Allount of Contribution (\$)	\$12.50
	0	Contributor address; City; State; Zip Code				+=
		Iowa Park, TX 76367				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	Financial Partners			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/20/2023	Bradberry1, Cherrie				\$12.50
		Contributor address; City; State; Zip Code		1		
		lowa Park, TX 76367				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>)		
	Insurance A		Financial Partners)		
╞	Date	-		Г	Amount of Contribution (\$)	
	Dale 06/20/2023	Full name of contributor out-of-state PAC (ID#: Bradberry1, Cherrie)			\$12.50
	00/20/2020	Contributor address; City; State; Zip Code				Ψ12.00
		Continuation address, Oity, State, Zip Code				
		Iowa Park, TX 76367				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	Financial Partners			

The Instruction Guide explains how to complete this form. Sch: 23 2 FILER NAME 3 Filer ID National Association of Benefit and Insurance Professionals - Texas PAC 000425	iges Schedule A1: 3/145 Rpt: 26/156 (Ethics Commission Filers) 577 of Contribution (\$) \$6.25
National Association of Benefit and Insurance Professionals - Texas PAC 000425 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount 01/20/2023 Brooks, Isha 6 Contributor address; City; State; Zip Code Vichita Falls, TX 76308 Vi	of Contribution (\$)
National Association of Benefit and Insurance Professionals - Texas PAC 000425 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount 01/20/2023 Brooks, Isha 6 Contributor address; City; State; Zip Code Vichita Falls, TX 76308 Vi	of Contribution (\$)
01/20/2023 Brooks, Isha 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
01/20/2023 Brooks, Isha 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
Wichita Falls, TX 76308	
Wichita Falls, TX 76308	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Insurance Agent Financial Partners	
Date Full name of contributor out-of-state PAC (ID#:) Amount	of Contribution (\$)
02/20/2023 Brooks, Isha	\$6.25
Contributor address; City; State; Zip Code	
Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Financial Partners	
Date Full name of contributor out-of-state PAC (ID#:) Amount	of Contribution (\$)
03/20/2023 Brooks, Isha	\$6.25
Contributor address; City; State; Zip Code	
Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Financial Partners	
Date Full name of contributor out-of-state PAC (ID#:) Amount	of Contribution (\$)
04/20/2023 Brooks, Isha	\$6.25
Contributor address; City; State; Zip Code	
Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Financial Partners	
Insurance Agent Financial Partners Date Full name of contributor out-of-state PAC (ID#:) Amount	of Contribution (\$)
Insurance Agent Financial Partners	of Contribution (\$) \$6.25
Insurance Agent Financial Partners Date Full name of contributor out-of-state PAC (ID#:) Amount	
Insurance Agent Financial Partners Date Full name of contributor out-of-state PAC (ID#:) 05/20/2023 Brooks, Isha	.,
Insurance Agent Financial Partners Date Full name of contributor out-of-state PAC (ID#:) 05/20/2023 Brooks, Isha Amount Contributor address; City; State; Zip Code Contributor	.,
Insurance Agent Financial Partners Date Full name of contributor out-of-state PAC (ID#:) 05/20/2023 Brooks, Isha Amount Contributor address; City; State; Zip Code Wichita Falls, TX 76308	.,
Insurance Agent Financial Partners Date Full name of contributor out-of-state PAC (ID#:) 05/20/2023 Brooks, Isha Amount Contributor address; City; State; Zip Code Contributor	

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

The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 25/145 Rpt: 28/156	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
05/20/2023	Budinsky, Martin				\$12.50
	6 Contributor address; City; State; Zip Code		1		
	Cypress, TX 77433				
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
Insurance A		Core Benefit Services			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/20/2023	Budinsky, Martin				\$12.50
	Contributor address; City; State; Zip Code		1		
- • • •	Cypress, TX 77433		Ļ		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance Ag		Core Benefit Services	—		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	_
01/20/2023	Buffum, Ronald]		\$25.00
	Contributor address; City; State; Zip Code				
	Dound Dook, TV 70665				
Dringing oogu	Round Rock, TX 78665	Employer (See Instructions			
Insurance	ipation / Job title (See Instructions)	The Buffum Group	5)		
		· · · ·	—		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀን</u> ር 00
02/20/2023	Buffum, Ronald				\$25.00
	Contributor address; City; State; Zip Code				
	Round Rock, TX 78665				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u> ج)		
Insurance		The Buffum Group	,		
Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·		Amount of Contribution (\$)	
03/20/2023	Full name of contributor out-of-state PAC (ID#: Buffum, Ronald)			\$25.00
00/20/2020	Contributor address; City; State: Zip Code		•		Ψ20100
	Culturbulor dualess, City, State, Zip Code				
	Round Rock, TX 78665				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Insurance		The Buffum Group			
		<u> </u>			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 26/145 Rpt: 29/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/20/2023	Buffum, Ronald		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance		The Buffum Group		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2023	Buffum, Ronald		\$2	25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance		The Buffum Group		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2023	Buffum, Ronald		\$2	25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
	upation / Job title (See Instructions)	Employer (See Instructions) The Buffum Group)	
Insurance		· · ·		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/15/2023	Burgess, Robbi		\$	12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78750			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Sa		UHC	/	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
02/15/2023	Burgess, Robbi	/		12.50
VL , LU , <u>L</u> U , <u>U</u>	Contributor address; City; State: Zip Code			±=
	Austin, TX 78750			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Sa		UHC		

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 27/145 Rpt: 30/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
National Ass	ociation of Benefit and Insurance Professionals - T	rexas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)	
03/15/2023	Burgess, Robbi		\$1	12.50
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78750			
	pation / Job title (See Instructions)	9 Employer (See Instructions	i)	
Insurance Sa	<u>ມີເອຣ</u>	UHC		
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
04/15/2023	Burgess, Robbi		\$1	12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78750			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Insurance Sa		UHC)	
			Amount of Contribution (\$)	
Date 05/15/2023	Full name of contributor Out-of-state PAC (ID# Burgess, Robbi		Amount of Contribution (\$)	12.50
00/10/2020			ψ.	12.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78750			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Insurance Sa	ales	UHC		
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
06/15/2023	Burgess, Robbi		\$1	12.50
	Contributor address; City; State; Zip Code			
Di indene	Austin, TX 78750		、 、	
Principal occu Insurance Sa	pation / Job title (See Instructions)	Employer (See Instructions UHC	<i>i</i>)	
			· · · ·	
Date	Full name of contributor out-of-state PAC (ID#	ti)	Amount of Contribution (\$)	10 50
01/20/2023	Burkholder, Karen		ر ط	12.50
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Insurance Ag		Self	,	

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 28/145 Rpt: 31/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
National Ass	sociation of Benefit and Insurance Professionals - T		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/20/2023	Burkholder, Karen		\$1	2.50
	6 Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
-	ipation / Job title (See Instructions)	9 Employer (See Instructions)	i)	
Insurance Aç	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
03/20/2023	Burkholder, Karen		\$1	L2.50
	Contributor address; City; State; Zip Code			
	Dishardoon TV 75001			
Dringingl oppu	Richardson, TX 75081	Employer (Coo Instructions		
Principal occu Insurance Ag	ipation / Job title (See Instructions)	Employer (See Instructions)	<i>i</i>)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~ 0
04/20/2023	Burkholder, Karen		\$1	L2.50
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance Ag		Self	7	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/20/2023	Burkholder, Karen	/		L2.50
00.20.202	Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	i)	
Insurance Aç	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2023	Burkholder, Karen			L2.50
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance Aç	gent	Self		
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 29/145 Rpt: 32/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/20/2023	Butler, Allison		\$12.50
	6 Contributor address; City; State; Zip Code		
	Amarillo, TX 79109		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/20/2023	Butler, Allison		\$12.50
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79109		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Insurance A		Self)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/20/2023	Butler, Allison		\$12.50
	Contributor address; City; State; Zip Code		
Drineinal appu	Amarillo, TX 79109		、 、
Insurance A	upation / Job title (See Instructions) gent	Employer (See Instructions) Self)
Date		<u> </u>	Amount of Contribution (\$)
04/20/2023	Full name of contributor out-of-state PAC (ID#: Butler, Allison)	Amount of Contribution (\$) \$12.50
0 1/20/202	Contributor address; City; State; Zip Code		
	Amarillo, TX 79109		
	upation / Job title (See Instructions)	Employer (See Instructions))
Insurance A		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023	Butler, Allison		\$12.50
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79109		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Insurance A	gent	Self	
		•	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/145 Rpt: 33/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/20/2023	Butler, Allison		9	\$12.50
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79109	<u> </u>		
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance Aç		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/25/2023	Byrd, Ron		9	\$12.50
	Contributor address; City; State; Zip Code			
	Donna, TX 78537			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Marketing Di		Kansas City Life	/	
Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	
01/20/2023	Cartier, Fred			\$50.00
v-	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Sales Execu	tive	United Healthcare		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/20/2023	Cartier, Fred		9	\$50.00
	Contributor address; City; State; Zip Code			
Dringinglassy	San Antonio, TX 78258		\ \	
Sales Execu	pation / Job title (See Instructions)	Employer (See Instructions) United Healthcare)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Cartier, Fred			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))	
Sales Execu	tive	United Healthcare		

 Total pages Schedule A1: Sch: 31/145 Rpt: 34/156 Filer ID (Ethics Commission Filers) 00042577
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) Amount of Contribution (\$)
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Ins Agency, Inc.
) Amount of Contribution (\$)
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The Instruction Guide explair	is how to complete this f	form.	1 Total pages Schedule A1: Sch: 32/145 Rpt: 35/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
National Association of Benefit and	Insurance Professionals - T	exas PAC	00042577	
4 Date 5 Full name of contribu	Itor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/20/2023 Castillo, Iris	—			\$12.50
6 Contributor address;	City; State; Zip Code			
Mcallen, TX 78501				
8 Principal occupation / Job title (See Inst	ructions)	9 Employer (See Instructions	·	
Account Manager		Higginbotham Ins Agend		
Date Full name of contribu	itor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	_
04/20/2023 Castillo, Iris				\$12.50
Contributor address;	Contributor address; City; State; Zip Code			
Mcallen, TX 78501				
Principal occupation / Job title (See Inst		Employer (See Instructions	[]	
Account Manager	Tublionay	Higginbotham Ins Agend		
Date Full name of contribu		:)	Amount of Contribution (\$)	
05/20/2023 Castillo, Iris		·/		\$12.50
	City; State; Zip Code			Ψ±2.00
	Oily, Oldio, Lip Could			
Mcallen, TX 78501				
Principal occupation / Job title (See Ins	.ructions)	Employer (See Instructions		
Account Manager		Higginbotham Ins Agend	cy, Inc.	
Date Full name of contribu	Itor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
06/20/2023 Castillo, Iris				\$12.50
Contributor address;	City; State; Zip Code			
Mcallen, TX 78501				
Principal occupation / Job title (See Inst		Employer (See Instructions	<u></u>	
Account Manager	Tuctions	Higginbotham Ins Agend		
			-	
Date Full name of contribu 01/20/2023 Christensen, Elizal)	Amount of Contribution (\$)	\$12.50
	City; State; Zip Code			Φ12.00
Contributor address,	City, State, Lip Coue			
Weatherford, TX 7	6087			
Principal occupation / Job title (See Ins	iructions)	Employer (See Instructions	\$)	
Insurance Agent		United Senior Services		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/145 Rpt: 36/156	
2	FILER NAME			12	Filer ID (Ethics Commission	Lilors)
Ĺ		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	Flicts
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/20/2023	Christensen, Elizabeth				\$12.50
		6 Contributor address; City; State; Zip Code				
		Weatherford, TX 76087				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Insurance A	gent	United Senior Services			
-	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	03/20/2023				,	\$12.50
	00/20/2020	Contributor address; City; State; Zip Code				*==
		Continuutor address, City, State, Zip Code				
		Weatherford, TX 76087				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Insurance A		United Senior Services			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
	04/20/2023	Christensen, Elizabeth	/			\$12.50
	•	Contributor address; City; State; Zip Code				¥
		Contributor address, City, State, Zip Code				
		Weatherford, TX 76087				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ل ه)		
	Insurance Ag		United Senior Services	,		
╞		-		—	Amount of Contribution (\$)	
	Date 05/20/2023	Full name of contributor out-of-state PAC (ID#: Christensen, Elizabeth)			¢12 50
	03/20/2023					\$12.50
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76087				
┝	Dringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Insurance A		United Senior Services	9		
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/20/2023	Christensen, Elizabeth				\$12.50
		Contributor address; City; State; Zip Code				
L		Weatherford, TX 76087	-			
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance A	gent	United Senior Services			

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/145 Rpt: 37/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ssociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/20/2023	Clingan, Nedra		\$12.
	6 Contributor address; City; State; Zip Code		
	Helotes, TX 78024		
	cupation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance A		United Healthcare	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023			\$12.
	Contributor address; City; State; Zip Code		
	Helotes, TX 78024		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>
Insurance A		United Healthcare)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$12.
0312012023			ψτζ
	Contributor address; City; State; Zip Code		
	Helotes, TX 78024		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions))
Insurance A	Agent	United Healthcare	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2023	Clingan, Nedra		\$12.
	Contributor address; City; State; Zip Code		
	Lipione TV 70024		
Drincinal occ	Helotes, TX 78024 upation / Job title (See Instructions)	Employer (See Instructions)	\ \
Insurance A		United Healthcare)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023			\$12.
	Contributor address; City; State; Zip Code		
	Helotes, TX 78024		
		1	
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions))
	Contributor address; City; State; Zip Code		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 35/145 Rpt: 38/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2023	Clingan, Nedra		\$12.5
	6 Contributor address; City; State; Zip Code		1
	Helotes, TX 78024		<u> </u>
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Insurance A	-	United Healthcare	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/07/2023	Cochran, Stacy		\$25.0
	Contributor address; City; State; Zip Code		
	Roanoke, TX 76262		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance A		Caprock	"
	-		Amount of Contribution (\$)
Date 01/11/2023	Full name of contributor out-of-state PAC (ID#: Cochran, Stacy)	Amount of Contribution (\$) \$12.5
01/11/2025			ψ±2.0
	Contributor address; City; State; Zip Code		
	Roanoke, TX 76262		
•	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Caprock	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/07/2023	Cochran, Stacy		\$25.0
	Contributor address; City; State; Zip Code		1
	Deepelee TV 76262		
Principal occu	Roanoke, TX 76262 upation / Job title (See Instructions)	Employer (See Instructions	~\
Insurance A		Caprock	>)
	-		
Date 02/11/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$12.5
UZ/11/2025	Cochran, Stacy		ψ⊥∠.J
	Contributor address; City; State; Zip Code		
	Roanoke, TX 76262		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 6)
Insurance A		Caprock	,
	<u>-</u>	-	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/145 Rpt: 39/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/07/2023	Cochran, Stacy				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Roanoke, TX 76262	,			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A	gent	Caprock			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/11/2023	Cochran, Stacy				\$12.50
		Contributor address; City; State; Zip Code		1		
		Roanoke, TX 76262				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	Caprock			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/07/2023	Cochran, Stacy				\$25.00
		Contributor address; City; State; Zip Code		1		
		Roanoke, TX 76262		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	-	Caprock	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/11/2023	Cochran, Stacy]		\$12.50
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
⊢	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Caprock	"		
╞	Date	-		—	Amount of Contribution (\$)	
	05/07/2023	Full name of contributor out-of-state PAC (ID#: Cochran, Stacy)			\$25.00
	00/01/2020			ł		Ψ20.00
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Caprock	.,		
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The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 37/145 Rpt: 40/156	
2 FILER NAME				- Filer ID (Ethics Commission	Filers)
	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 4	Amount of Contribution (\$)	
05/11/2023	Cochran, Stacy				\$12.50
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Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	÷05 00
06/07/2023	Cochran, Stacy				\$25.00
	Contributor address; City; State; Zip Code				
	Roanoke, TX 76262				
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06/11/2023	Cochran, Stacy			.,	\$12.50
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	Roanoke, TX 76262				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance Ag		Caprock			
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
04/20/2023	Cook, David				\$25.00
	Contributor address; City; State; Zip Code				
	Wichita Falls, TX 76310				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Insurance Ag		Financial Partners	-,		
Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
05/20/2023	Cook, David				\$25.00
	Contributor address; City; State; Zip Code		•		
	Wichita Falls, TX 76310				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance Ag	ent	Financial Partners			

National Association of Benefit and Insurance Professionals - Texas PAC 00042577 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/20/2023 6 Contributor address; City; State; Zip Code 4 4 Wichita Falls, TX 76310 Wichita Falls, TX 76310 4 4	2 FILER NAME National Association of Benefit and Insurance Professi 4 Date 06/20/2023 Full name of contributor 06/20/2023 Cook, David 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76310 Wichita Falls, TX 76310 8 Principal occupation / Job title (See Instructions) Insurance Agent out-of-state 01/20/2023 Cottar, Tom Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Date Full name of contributor out-of-state 02/20/2023 Full name of contributor out-of-state 02/20/2023 Full name of contributor out-of-state 02/20/2023 Cottar, Tom Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Date Full name of contributor out-of-state 03/20/2023 Cottar, Tom Cottar, State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales <td< th=""><th>ance Professionals - Texas PAC out-of-state PAC (ID#: State; Zip Code is) 9 Employer (S Financial F out-of-state PAC (ID#: State; Zip Code is) 9 Employer (S United Maj out-of-state PAC (ID#: State; Zip Code is) Employer (S United Maj out-of-state PAC (ID#: State; Zip Code is) Employer (S United Maj State; Zip Code is) Employer (S United Maj out-of-state PAC (ID#: State; Zip Code</th><th>The Instruc</th><th></th><th></th><th></th><th></th><th></th></td<>	ance Professionals - Texas PAC out-of-state PAC (ID#: State; Zip Code is) 9 Employer (S Financial F out-of-state PAC (ID#: State; Zip Code is) 9 Employer (S United Maj out-of-state PAC (ID#: State; Zip Code is) Employer (S United Maj out-of-state PAC (ID#: State; Zip Code is) Employer (S United Maj State; Zip Code is) Employer (S United Maj out-of-state PAC (ID#: State; Zip Code	The Instruc					
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Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Date Full name of contributor Out-of-state PAC (ID#; Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Olize Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Out-of-state PAC (ID#; Olize Full name of contributor Out-of-state PAC (ID#; Out-of-state PAC (ID#; Contributor address; City; State; Zip Code Soldar, Tom Cottar, Tom Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Principal occupation / Job titite (See Instructions)	Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Date Full name of contributor out-of-state 02/20/2023 Cottar, Tom Contributor address; City; State; Zip Code Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Date Full name of contributor Oate Baytown, TX 77521 Principal occupation / Job title (See Instructions) Insurance Sales Date O3/20/2023 Contributor address; City; State; Zip Code Baytown, TX 77521 Baytown, TX 77521	State; Zip Code IS) Employer (S United Maj Out-of-state PAC (ID#:	01/20/2023	Cottar, Tom				\$25.0
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Sales United Major Medical Date Full name of contributor out-of-state PAC (ID#:) 04/20/2023 Cottar, Tom		United Maj						
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/20/2023 Cottar, Tom \$25.0	4	out-of-state PAC (ID#:	<u> </u>			;)		
04/20/2023 Cottar, Tom \$25.0	Insurance Sales	—	Principal occup	les	United Major Medical			
	Date Full name of contributor out-of-state	State; Zip Code		Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	04/20/2023 Cottar, Tom	State; Zip Code	Insurance Sa	Cottar, Tom				\$25.0
	Contributor address; City; State; Zip Code		Insurance Sa Date			ł		
			Insurance Sa Date			1		
			Insurance Sa Date					
	Baytown, TX 77521		Insurance Sa Date					
Baytown, TX 77521		Employer (S	Insurance Sa Date	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Insurance Sa Date 04/20/2023 Principal occur	Contributor address; City; State; Zip Code Baytown, TX 77521 pation / Job title (See Instructions)		;)		
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	supation / Job title (See Instructions)		Sa	Contributor address; City; State; Zip Code Baytown, TX 77521	Employer (See Instructions	<u></u>		
			Insurance Sa Date 04/20/2023 Principal occup	Contributor address; City; State; Zip Code Baytown, TX 77521 pation / Job title (See Instructions)		;)		

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 39/145 Rpt: 42/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Asso	National Association of Benefit and Insurance Professionals - Texas PAC		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/20/2023	Cottar, Tom		\$25.0
	6 Contributor address; City; State; Zip Code		
	-		
	Baytown, TX 77521		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance Sa	.les	United Major Medical	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2023	Cottar, Tom		\$25.0
	Contributor address; City; State; Zip Code		
	Baytown, TX 77521		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Sa	.les	United Major Medical	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	DeLeon, Rachelle		\$25.0
	Contributor address; City; State; Zip Code		
	Eagles Pass, TX 78852	1	
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Sa	lles	Self	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	DeLeon, Rachelle		
	Contributor address; City; State; Zip Code		
	Eagles Pass, TX 78852		
Drincipal occur	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance Sa		Self	S)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	DeLeon, Rachelle		\$25.0
	Contributor address; City; State; Zip Code		
	Eagles Pass, TX 78852		
Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>
Insurance Sa		Self	3)

	The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 40/145 Rpt: 43/156
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	04/20/2023	DeLeon, Rachelle		\$25.00
		6 Contributor address; City; State; Zip Code		
		Eagles Pass, TX 78852		
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance Sa	ales	Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/20/2023	DeLeon, Rachelle		\$25.00
		Contributor address; City; State; Zip Code		
		Eagles Pass, TX 78852	. <u> </u>	
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Sa	ales	Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/20/2023	DeLeon, Rachelle		\$25.00
		Contributor address; City; State; Zip Code		
		Eagles Pass, TX 78852		
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Sa	ales	Self	·
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/20/2023	DePaoli, Allison		\$12.50
		Contributor address; City; State; Zip Code		
	Duincipal acou	San Antonio, TX 78250		\
		ipation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag	-	De Paoli Professional S	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/20/2023	DePaoli, Allison		\$12.50
		Contributor address; City; State; Zip Code		
		Con Antonia TV 70250		
⊢	Duite single age	San Antonio, TX 78250		\
		ipation / Job title (See Instructions)	Employer (See Instructions De Paoli Professional S	
	Insurance Ag			Services

The Instruction Guide explains how to complete th			
	is form.	1 Total pages Schedule A1: Sch: 41/145 Rpt: 44/156	
		3 Filer ID (Ethics Commission	Filers)
National Association of Benefit and Insurance Professionals	- Texas PAC	00042577	
4 Date 5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)	
03/20/2023 DePaoli, Allison			\$12.50
6 Contributor address; City; State; Zip Code			
San Antonio, TX 78250	Employer (See Instructions)		
8 Principal occupation / Job title (See Instructions) Insurance Agent	9 Employer (See Instructions) De Paoli Professional Se		
Date Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	¢10 E0
			\$12.50
Contributor address; City; State; Zip Code			
San Antonio, TX 78250			
Principal occupation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Agent	De Paoli Professional Se	ervices	
Date Full name of contributor Out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
05/20/2023 DePaoli, Allison			\$12.50
Contributor address; City; State; Zip Code			
San Antonio, TX 78250			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Agent	De Paoli Professional Se		
Date Full name of contributor Out-of-state PAC (Amount of Contribution (\$)	
	(ID#:)		¢10 50
06/20/2023 DePaoli, Allison	(ID#:)	Amount of Contribution (9)	\$12.50
	(ID#:)	Amount of Contribution (\$)	\$12.50
06/20/2023 DePaoli, Allison	(ID#:)	Amount of Contribution (\$)	\$12.50
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$)	\$12.50
06/20/2023 DePaoli, Allison	Employer (See Instructions)		\$12.50
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code San Antonio, TX 78250)	\$12.50
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) De Paoli Professional Se)	\$12.50
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor Out-of-state PAC (01/20/2023) Debler, John	Employer (See Instructions) De Paoli Professional Se (ID#:)) ervices	\$12.50
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor Out-of-state PAC (01/20/2023) Debler, John	Employer (See Instructions) De Paoli Professional Se) ervices	
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor 01/20/2023 Debler, John	Employer (See Instructions) De Paoli Professional Se (ID#:)) ervices	
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor 01/20/2023 Debler, John Contributor address; City; State; Zip Code	Employer (See Instructions) De Paoli Professional Se (ID#:)) ervices	
06/20/2023 DePaoli, Allison Contributor address; City; State; Zip Code San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor 01/20/2023 Debler, John Contributor address; City; State; Zip Code Rockport, TX 78382	Employer (See Instructions) De Paoli Professional Se (ID#:)) ervices Amount of Contribution (\$)	
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The Instruction Guide explains how to complete this form. 1 Total pages Statelia. 1: State 22136 Rpt 45/156 2 FLER NAME National Association of Benefit and Insurance Professionals - Texas PAC 3 Filer ID (Ethics Commission Filers) 00042577 4 Date 02/20/2023 Full mane of contributor 02/20/2023 Full mane of contributor 0 receivation / 3ob title (See Instructions) 1 resurance Agent 7 Amount of Contribution (\$) 525.00 8 Principal occupation / Job title (See Instructions) 1 resurance Agent 9 Employer (See Instructions) GSM Insurors Amount of Contribution (\$) 525.00 9 Employer (See Instructions) 1 resurance Agent Full name of contributor 0 ac-d-state PAC (102; Betler, John Amount of Contribution (\$) 525.00 9 Employer (See Instructions) 1 resurance Agent Full name of contributor 0 ac-d-state PAC (102; Betler, John Amount of Contribution (\$) 525.00 9 Principal occupation / Job title (See Instructions) 1 resurance Agent Employer (See Instructions) GSM Insurors Amount of Contribution (\$) 525.00 9 Date 04/20/2023 Full name of contributor 02/20/2023 Contributor Full name of contributor 03/20/2023 Canter full (See Instructions) 1 resurance Agent Amount of Contribution (\$) 525.00 9 Date 06/20/2023 Full name of contributor 06/20/2023 Canter full (See Instructions) 1 resurance Agent Amount of Contribution (\$) 525.00 9 Date 06/20/2023 Full name of contributor 06/20/2023 Cant				
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	06/20/2023	Dytrich, Nancy				\$12.50
		6 Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)			
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	04/01/2023	Eller, Darla				\$154.97
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79416				
		upation / Job title (See Instructions)	Employer (See Instructions)			
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	01/05/2023	01/05/2023 Elliott-Harmon, Patti				\$12.50
		Contributor address; City; State; Zip Code				
	<u> </u>	Portland, TX 78374				
	•	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Insurance A		Humana			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/05/2023	Elliott-Harmon, Patti				\$12.50
		Contributor address; City; State; Zip Code				
		Portland, TX 78374				
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Insurance A		Humana)		
╞				1		
	Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: Elliott-Harmon, Patti)		Amount of Contribution (\$)	\$12.50
	03/05/2025					ΦT7'00
		Contributor address; City; State; Zip Code				
		Portland, TX 78374				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ເ)		
	Insurance A		Humana	"		
\vdash	1100.0					
1						

The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 45/145 Rpt: 48/156	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	sociation of Benefit and Insurance Professionals - Te	exas PAC	· · -	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/05/2023	Elliott-Harmon, Patti				\$12.50
	6 Contributor address; City; State; Zip Code		1		
	Portland, TX 78374				
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
Insurance A	gent	Humana			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/05/2023	Elliott-Harmon, Patti				\$12.50
	Contributor address; City; State; Zip Code		1		
	Portland, TX 78374	-			
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance A	gent	Humana			
Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
06/05/2023	06/05/2023 Elliott-Harmon, Patti				\$12.50
	Contributor address; City; State; Zip Code		1		
	Portland, TX 78374				
-	upation / Job title (See Instructions)	Employer (See Instructions	3)		
Insurance A	gent	Humana			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
01/20/2023	Ellis, Tom				\$6.25
	Contributor address; City; State; Zip Code		1		
	El Paso, TX 79925-7314	1			
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Agent		Tom Ellis Insurance			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/20/2023	Ellis, Tom				\$6.25
	Contributor address; City; State; Zip Code		1		
	El Paso, TX 79925-7314	<u>.</u>			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)		
Agent		Tom Ellis Insurance			
		1			

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/145 Rpt: 49/156	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	ociation of Benefit and Insurance Professionals - Te	exas PAC	-	00042577	•
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
03/20/2023	03/20/2023 Ellis, Tom				\$6.25
	6 Contributor address; City; State; Zip Code		1		
	l				
<u> </u>	El Paso, TX 79925-7314		Ĺ		
	pation / Job title (See Instructions)	9 Employer (See Instructions Tom Ellis Insurance	S)		
Agent					
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷0.05
04/20/2023	Ellis, Tom				\$6.25
	Contributor address; City; State; Zip Code				
	l				
	El Paso, TX 79925-7314				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
Agent		Tom Ellis Insurance	5,		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Τ	Amount of Contribution (\$)	
05/20/2023	Ellis, Tom	/		Amount of Contribution (+)	\$6.25
00,20,222	Contributor address; City; State; Zip Code				₩₩
	l				
	El Paso, TX 79925-7314				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Agent		Tom Ellis Insurance			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/20/2023	Ellis, Tom				\$6.25
	Contributor address; City; State; Zip Code		1		
	1				
D incide al agent	El Paso, TX 79925-7314		Ĺ		
	pation / Job title (See Instructions)	Employer (See Instructions Tom Ellis Insurance	S)		
Agent					
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10 EQ
01/20/2023	Evans, Mike				\$12.50
	Contributor address; City; State; Zip Code				
	1				
	Coppell, TX 75019				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Insurance Ag	· · · · ·	Self	-,		

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 47/145 Rpt: 50/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Asso	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date !	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/20/2023	Evans, Mike		\$12.50
ļ.	6 Contributor address; City; State; Zip Code		1
	Coppell, TX 75019		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance Age	ent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/20/2023	Evans, Mike		\$12.50
	Contributor address; City; State; Zip Code]
l	Coppell, TX 75019	1	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Age		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2023	Evans, Mike		\$12.50
	Contributor address; City; State; Zip Code		
	Connoll TV 75010		
Dringingl occur	Coppell, TX 75019		
Insurance Age	pation / Job title (See Instructions)	Employer (See Instructions Self	5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/20/2023	Evans, Mike		\$12.50
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019		
Principal occup	bation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Age		Self	5)
Date			Amount of Contribution (\$)
06/20/2023	Full name of contributor out-of-state PAC (ID#: Evans, Mike	/	\$12.50
	Contributor address; City; State; Zip Code		
	Continuou duoress, City, State, Zip Code		
	Coppell, TX 75019		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	1s)
Insurance Age		Self	- /
		<u> </u>	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 48/145 Rpt: 51/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/20/2023	Ferguson, Kathy		\$25	5.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78279	1 <u>-</u> - , , , , , , , , , , , , , , , , , ,		
	pation / Job title (See Instructions)	9 Employer (See Instructions	i)	
Insurance Ag		GBMB Insurance	1	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/20/2023			\$25	5.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78279			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance Ag		GBMB Insurance	,	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/20/2023	Ferguson, Kathy		\$25	5.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78279			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance Aç	jent	GBMB Insurance		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/20/2023	Ferguson, Kathy		\$25	5.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78279			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance Ag		GBMB Insurance	<i>y</i>	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/20/2023	Ferguson, Kathy		\$25	5.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78279			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.)	
Insurance Ag	jent	GBMB Insurance		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 49/145 Rpt: 52/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/20/2023		ļ	\$25.0
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78279		
Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Insurance A		GBMB Insurance	3)
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Ford, Holley		\$12.5
	Contributor address; City; State; Zip Code		1
	Austin, TX 78738	_	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Insurance A	gent	Humana	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Ford, Holley		\$12.5
	Contributor address; City; State; Zip Code		1
l	Austin, TX 78738	ļ	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)
Insurance A		Humana	,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Ford, Holley		\$12.5
00,20,222	Contributor address; City; State; Zip Code		•
l	Contributor address, City, State, Zip Couc		
1			
	Austin, TX 78738		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Insurance A	gent	Humana	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
04/20/2023			\$12.5
	Contributor address; City; State; Zip Code		•
1	Continuation address, City, State, Zip Code		
1			
1	Austin, TX 78738		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Insurance Ag		Humana	>)
		Пишана	
1			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 50/145 Rpt: 53/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date 05/20/2023	5 Full name of contributor out-of-state PAC (ID#: Ford, Holley)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78738		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance A	gent	Humana	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Ford, Holley		\$12.50
	Contributor address; City; State; Zip Code		•
	Austin, TX 78738		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Humana	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/07/2023	Fristoe, Kelly		\$25.00
			•
	Wichita Falls, TX 76301		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/07/2023	Fristoe, Kelly		\$25.00
	Contributor address; City; State; Zip Code		1
	Wichita Falls, TX 76301		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/07/2023	Fristoe, Kelly		\$25.00
	Contributor address; City; State; Zip Code		1
	Wichita Falls, TX 76301		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance Ag	gent	Self	
		•	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 51/145 Rpt: 54/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/07/2023	Fristoe, Kelly		\$25.
	6 Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76301		
	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance Aç		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/07/2023			\$25.
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76301		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()
Insurance Ag		Self)
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/07/2023	Fristoe, Kelly	/	\$25.
00.0			
	Wichita Falls, TX 76301		
	ipation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag	gent	Self	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Gaines, Leawhnie		\$12.
	Contributor address; City; State; Zip Code		
	Euless, TX 76039		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Ag		Self)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
02/20/2023	Gaines, Leawhnie	/	\$12.
	Contributor address; City; State; Zip Code		
	Euless, TX 76039		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Insurance Ag	gent	Self	

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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 52/145 Rpt: 55/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/20/2023	Gaines, Leawhnie				\$12.50
	I	6 Contributor address; City; State; Zip Code		•		
	l					
	l					
	I	Euless, TX 76039				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance Ag	gent	Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/20/2023	Gaines, Leawhnie				\$12.50
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	I	Euless, TX 76039				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Aç	gent	Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/20/2023	Gaines, Leawhnie				\$12.50
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Euless, TX 76039				
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Insurance Ag	gent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	06/20/2023	Gaines, Leawhnie				\$12.50
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Euless, TX 76039	i			
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/20/2023	Gilbert, Debra				\$18.75
	I	Contributor address; City; State; Zip Code		1		
	l					
	I					
		Grapevine, TX 76051	<u>.</u>			
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Innovative Insurance So	oluti	ons	

The Instruction Guide explains how to complete this form. 1 Total pages Sc Sch: 53/145 F 2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC 3 Filer ID (Ethic 00042577 4 Date 05/20/2023 5 Full name of contributor Gilbert, Debra 0ut-of-state PAC (ID#:) 7 Amount of Con 6 6 Contributor address; City; State; Zip Code Grapevine, TX 76051 9 Employer (See Instructions) Insurance Agent 9 Employer (See Instructions) Innovative Insurance Solutions Date 01/22/2023 Full name of contributor Gonzales, Theresa out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Con Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Ameritas Amount of Con 01/22/2023 Full name of contributor Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Con 02/22/2023 Full name of contributor Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Con 02/22/2023 Full name of contributor Gonzales, Theresa Amount of Con 02/22/2023 Full name of contributor Contributor address; City; State; Zip Code Amount of Con Principal occupation / Job title (See Instructions) Amount of Con </th <th>Rpt: 56/156 ribution (\$) tribution (\$) tribution (\$) \$12.50 tribution (\$)</th>	Rpt: 56/156 ribution (\$) tribution (\$) tribution (\$) \$12.50 tribution (\$)
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor out-of-state PAC (ID#:	tribution (\$) \$18.75 tribution (\$) \$12.50 tribution (\$)
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor out-of-state PAC (ID#:	tribution (\$) \$18.75 tribution (\$) \$12.50 tribution (\$)
05/20/2023 Gilbert, Debra 6 Contributor address; City; State; Zip Code 7 Grapevine, TX 76051 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Innovative Insurance Solutions Date Full name of contributor out-of-state PAC (ID#:	\$18.75 tribution (\$) \$12.50 tribution (\$)
6 Contributor address; City; State; Zip Code Grapevine, TX 76051 9 Employer (See Instructions) Insurance Agent Date Full name of contributor out-of-state PAC (ID#:	tribution (\$) \$12.50
Grapevine, TX 76051 9 Employer (See Instructions) Insurance Agent 9 Employer (See Instructions) Innovative Insurance Solutions Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code 01/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Harlingen, TX 78550 Employer (See Instructions) Ameritas Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contributor 02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor Harlingen, TX 78550 Employer Employer	\$12.50 tribution (\$)
Image: Section Sectin Section Section Sectin Section Section Section Section Section Se	\$12.50 tribution (\$)
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Innovative Insurance Solutions Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code 01/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Ameritas Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor 02/22/2023 Gonzales, Theresa Out-of-state PAC (ID#:) Amount of Contributor 02/22/2023 Harlingen, TX 78550 Insurance Agent Amount of Contributor Harlingen, TX 78550 Harlingen, TX 78550 Insurance Agent Amount of Contributor	\$12.50 tribution (\$)
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Innovative Insurance Solutions Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code 01/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Ameritas Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor 02/22/2023 Gonzales, Theresa Out-of-state PAC (ID#:) Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor 02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Insurance Agent Harlingen, TX 78550 Harlingen, TX 78550 Insurance Agent Insurance Agent	\$12.50 tribution (\$)
Insurance Agent Innovative Insurance Solutions Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Contributor address; City; State; Zip Code 01/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contributor Insurance Agent Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor 02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor Harlingen, TX 78550 Harlingen, TX 78550 Late Amount of Contributor	\$12.50 tribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Contributor address; City; State; Zip Code 01/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contributor Contributor Insurance Agent Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Contributor 02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor Contributor Harlingen, TX 78550 Harlingen, TX 78550 Amount of Contributor	\$12.50 tribution (\$)
01/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Harlingen, TX 78550	\$12.50 tribution (\$)
Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Ameritas Date Full name of contributor out-of-state PAC (ID#:) 02/22/2023 Gonzales, Theresa Amount of Con Contributor address; City; State; Zip Code Harlingen, TX 78550 Amount of Con	tribution (\$)
Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Ameritas Date Full name of contributor out-of-state PAC (ID#:) 02/22/2023 Gonzales, Theresa Amount of Contributor address; City; State; Zip Code Harlingen, TX 78550 Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Ameritas Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor of Contributor 02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Image: Contributor address Image: Contributor address Harlingen, TX 78550 Image: Contributor address Image: Contributor address Image: Contributor address	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Ameritas Date Full name of contributor out-of-state PAC (ID#:) 02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Amount of Contributor Harlingen, TX 78550 Insurance Agent	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Ameritas Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor of Contributor 02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Image: Contributor address Image: Contributor address Harlingen, TX 78550 Image: Contributor address Image: Contributor address Image: Contributor address	
Insurance Agent Ameritas Date Full name of contributor out-of-state PAC (ID#:) 02/22/2023 Gonzales, Theresa Amount of Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Harlingen, TX 78550	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor Contributor address; City; State; Zip Code 02/22/2023 Contributor address; City; State; Zip Code Harlingen, TX 78550	
02/22/2023 Gonzales, Theresa Contributor address; City; State; Zip Code Harlingen, TX 78550	
Contributor address; City; State; Zip Code Harlingen, TX 78550	A40
Harlingen, TX 78550	\$12.50
Insurance Agent Ameritas	
	tribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Con 03/22/2023 Gonzales, Theresa	\$12.50
Contributor address; City; State; Zip Code	#12.00
Contributor address, City, State, Zip Code	
Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Ameritas	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Con	ribution (\$)
04/22/2023 Gonzales, Theresa	\$12.50
Contributor address; City; State; Zip Code	
Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Ameritas	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 54/145 Rpt: 57/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/22/2023			\$12.50
	6 Contributor address; City; State; Zip Code		
	Harlingen, TX 78550		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance Ag	jent	Ameritas	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/22/2023	Gonzales, Theresa		\$12.50
	Contributor address; City; State; Zip Code		
	Harlingen, TX 78550		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag	jent	Ameritas	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Gonzalez, Carlos		\$6.25
	Contributor address; City; State; Zip Code		
,	McAllen, TX 78508		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Principal occu Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions Golden Outlook Insurand	
	pation / Job title (See Instructions)		
Insurance Ag	pation / Job title (See Instructions) gent		ce Services
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor 🔲 out-of-state PAC (ID#:_		ce Services Amount of Contribution (\$)
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos		ce Services Amount of Contribution (\$)
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos Contributor address; City; State; Zip Code		ce Services Amount of Contribution (\$)
Insurance Ag Date 02/20/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos Contributor address; City; State; Zip Code McAllen, TX 78508	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25
Insurance Ag Date 02/20/2023 Principal occu	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos Contributor address; City; State; Zip Code McAllen, TX 78508 pation / Job title (See Instructions)	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25
Insurance Ag Date 02/20/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos Contributor address; City; State; Zip Code McAllen, TX 78508 pation / Job title (See Instructions)	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25
Insurance Ag Date 02/20/2023 Principal occu	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos Contributor address; City; State; Zip Code McAllen, TX 78508 pation / Job title (See Instructions)	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25
Insurance Ag Date 02/20/2023 Principal occu Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos Contributor address; City; State; Zip Code McAllen, TX 78508 pation / Job title (See Instructions) gent	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25
Insurance Ag Date 02/20/2023 Principal occur Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor Gonzalez, Carlos Contributor address; City; State; Zip Code McAllen, TX 78508 pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:)	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25 (\$) ce Services Amount of Contribution (\$)
Insurance Ag Date 02/20/2023 Principal occur Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor Gonzalez, Carlos Contributor address; City; State; Zip Code McAllen, TX 78508 pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Carlos	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25 (\$) ce Services Amount of Contribution (\$)
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Insurance Ag Date 02/20/2023 Principal occur Insurance Ag Date 03/20/2023	pation / Job title (See Instructions) gent Full name of contributor	Golden Outlook Insurand	ce Services Amount of Contribution (\$) \$6.25 (ce Services Amount of Contribution (\$) \$6.25
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The In	struction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 55/145 Rpt: 58/156	
2 FILER N	AME		3 Filer ID (Ethics Commission Filer	ilers)
	al Association of Benefit and Insurance Professionals - To	exas PAC	00042577	- /
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/20/2				\$6.25
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78508	•		
	l occupation / Job title (See Instructions)	9 Employer (See Instructions		
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2				\$6.25
	Contributor address; City; State; Zip Code			
	McAllen, TX 78508			
Principa	l occupation / Job title (See Instructions)	Employer (See Instructions	-) -)	
	ce Agent	Golden Outlook Insuran		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/20/2		/		\$6.25
00,20.	Contributor address; City; State; Zip Code			Ψ0.L_
	Contributor address, Gity, State, Zip See			
	McAllen, TX 78508			
-	l occupation / Job title (See Instructions)	Employer (See Instructions		
Insuran	ce Agent	Golden Outlook Insuran	ce Services	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/02/2	023 Goodman, Cynthia			\$12.50
	Contributor address; City; State; Zip Code			
Dringing	Richardson, TX 75080		,	
	l occupation / Job title (See Instructions) ce Agent	Employer (See Instructions United Healthcare	;)	
			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	410 EU
02/02/2				\$12.50
	Contributor address; City; State; Zip Code			
	Richardson, TX 75080			
Principa	I occupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
-	ce Agent	United Healthcare	,	

The Instruction Guide explains how to complete this	s form.	I Total pages Schedule A1: Sch: 56/145 Rpt: 59/156
2 FILER NAME	3	B Filer ID (Ethics Commission Filers)
National Association of Benefit and Insurance Professionals -		00042577
4 Date 5 Full name of contributor out-of-state PAC (ID	#:) 7	7 Amount of Contribution (\$)
03/02/2023 Goodman, Cynthia		\$12.5
6 Contributor address; City; State; Zip Code		
Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Insurance Agent	United Healthcare	
Date Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
04/02/2023 Goodman, Cynthia		\$12.5
Contributor address; City; State; Zip Code		
Richardson, TX 75080		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Agent	United Healthcare	
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	#:)	Amount of Contribution (\$)
05/02/2023 Goodman, Cynthia		\$12.5
Contributor address; City; State; Zip Code		
Richardson, TX 75080		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Agent	United Healthcare	
Date Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
06/02/2023 Goodman, Cynthia		\$12.5
Contributor address; City; State; Zip Code		
Richardson, TX 75080		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Agent	United Healthcare	
Date Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
01/07/2023 Grogan, Wayne		\$12.5
Contributor address; City; State; Zip Code		
Plano, TX 78025		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	~~
Insurance Agent	Special Insurance Service	25

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 57/145 Rpt: 60/156
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		sociation of Benefit and Insurance Professionals - T	Texas PAC	00042577
4	Date	5 Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	7 Amount of Contribution (\$)
	02/07/2023	Grogan, Wayne		\$12.50
	I	6 Contributor address; City; State; Zip Code		·-
<u> </u>		Plano, TX 78025		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Insurance A		Special Insurance Servi	
	Date	Full name of contributor out-of-state PAC (ID#	·:)	Amount of Contribution (\$)
	03/07/2023			\$12.50
	I	Contributor address; City; State; Zip Code]
		Plano, TX 78025		
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag		Special Insurance Servi	
_	Date	Full name of contributor out-of-state PAC (ID#	•	Amount of Contribution (\$)
	04/07/2023	Grogan, Wayne	:/	\$12.50
	0-1,0=.	Contributor address; City; State; Zip Code		
		Plano, TX 78025		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	gent	Special Insurance Servi	ices
	Date	Full name of contributor Out-of-state PAC (ID#	k:)	Amount of Contribution (\$)
	05/07/2023	Grogan, Wayne		\$12.50
	I	Contributor address; City; State; Zip Code		1
\vdash		Plano, TX 78025	Employer (See Instructions	<u> </u>
	Principal occu Insurance Ag	upation / Job title (See Instructions) .gent	Special Insurance Servi	
╘				
	Date 06/20/2023	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$) \$12.50
	0012012020	Grogan, Wayne		Ψ±2.55
		Contributor address; City; State; Zip Code		
		Plano, TX 78025		
┢─	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Insurance Ag		Special Insurance Servi	
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 58/145 Rpt: 61/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	5)
National Ass	Association of Benefit and Insurance Professionals - Texas PAC		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
01/10/2023	23 Hamm, Phillip		\$12	2.50
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77043			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance A	gent	Ameritas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/10/2023	Hamm, Phillip		\$12	2.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77043			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance A	gent	Ameritas		
Date	—)	Amount of Contribution (\$)	
03/10/2023	Hamm, Phillip		\$12	2.50
	Contributor address; City; State; Zip Code			
	Hauston TV 77042			
Dringing occu	Houston, TX 77043 Ipation / Job title (See Instructions)	Employer (See Instructions)		
Insurance A		Ameritas)	
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	2 F0
04/10/2023	Hamm, Phillip		Φ12	2.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77043			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance A		Ameritas	'	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/10/2023	Hamm, Phillip	/		2.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77043			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance A	gent	Ameritas		
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	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 59/145 Rpt: 62/156		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		sociation of Benefit and Insurance Professionals -	- Texa	as PAC		00042577	-
4	Date	5 Full name of contributor Out-of-state PAC (IE			7	Amount of Contribution (\$)	
	06/10/2023	Hamm, Phillip	D				\$12.50
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				I			
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		Houston, TX 77043		I			
8	Principal occu	upation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Insurance A	gent		Ameritas			ļ
F	Date	Full name of contributor out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	01/19/2023	Harrington, Paula					\$100.00
		Contributor address; City; State; Zip Code			1		l
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				I			
		Plano, TX 75074					
		upation / Job title (See Instructions)		Employer (See Instructions			
	Health Insur	ance Broker		Harrington Insurance Sc	olut	tions, LLC	
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	02/19/2023	Harrington, Paula		I			\$100.00
		Contributor address; City; State; Zip Code			1		
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		Plano, TX 75074					
		upation / Job title (See Instructions)		Employer (See Instructions			
L	Health Insur			Harrington Insurance So	Jlu		
ſ	Date	Full name of contributor out-of-state PAC (IE	D#:)	Ī	Amount of Contribution (\$)	
	03/19/2023	Harrington, Paula					\$100.00
		Contributor address; City; State; Zip Code			1		
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				I			
\vdash		Plano, TX 75074	—	Employer (See Instructions			
		upation / Job title (See Instructions) rance Broker		Employer (See Instructions Harrington Insurance So		tions IIC	
L					ла. —		
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	<u>*100.00</u>
	04/19/2023	Harrington, Paula					\$100.00
		Contributor address; City; State; Zip Code		I			
				I			
		Plano, TX 75074		I			
┝	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	\sum_{n}		
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 60/145 Rpt: 63/156
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
National Association of Benefit and Insurance Professionals - Texas PAC	00042577
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
05/19/2023 Harrington, Paula	\$100.00
6 Contributor address; City; State; Zip Code	
Plano, TX 75074	
8 Principal occupation / Job title (See Instructions) 9 Employer (Se	
Health Insurance Broker Harrington I	Insurance Solutions, LLC
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
06/19/2023 Harrington, Paula	\$100.00
Contributor address; City; State; Zip Code	
Plano, TX 75074	
	ee Instructions)
	Insurance Solutions, LLC
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
01/20/2023 Harris, Polly	\$25.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78413	
	ee Instructions)
Insurance Agent Polly Harris	Insurance Agency
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/20/2023 Harris, Polly	\$25.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78413	
	ee Instructions)
	Insurance Agency
Date Full name of contributor out-of-state PAC (ID#: 03/20/2023 Harris, Polly) Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code	
Continuator address, City, State, Zip Code	
Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)
Insurance Agent Polly Harris	Insurance Agency
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 61/145 Rpt: 64/156	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	ers)
	ociation of Benefit and Insurance Professionals - Te		00042577	
4 Date !	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
04/20/2023	Harris, Polly		:	\$25.00
le l	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78413			
8 Principal occup Insurance Age	ation / Job title (See Instructions)	 9 Employer (See Instructions) Polly Harris Insurance Age 		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*~~ ^^
05/20/2023	Harris, Polly		;	\$25.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78413			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Age		Polly Harris Insurance Ag		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2023	Harris, Polly			\$25.00
ŀ	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78413			
		Employer (See Instructions)		
	ation / Job title (See Instructions)			
Insurance Age		Polly Harris Insurance Ag	gency	
Insurance Age	Ent Full name of contributor out-of-state PAC (ID#:			
Insurance Age	ent Full name of contributor Dut-of-state PAC (ID#:_ Hebert, Laura		gency	\$6.25
Insurance Age	Ent Full name of contributor out-of-state PAC (ID#:		gency	\$6.25
Insurance Age	ent Full name of contributor Dut-of-state PAC (ID#:_ Hebert, Laura		gency	\$6.25
Insurance Age	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code		gency	\$6.25
Insurance Age Date 01/20/2023	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Polly Harris Insurance Ag	gency Amount of Contribution (\$)	\$6.25
Insurance Age Date 01/20/2023	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Fation / Job title (See Instructions)		gency Amount of Contribution (\$)	\$6.25
Insurance Age Date 01/20/2023 Principal occup Insurance Age	ent Full name of contributor out-of-state PAC (ID#:	Polly Harris Insurance Ag	gency Amount of Contribution (\$)	\$6.25
Insurance Age Date 01/20/2023 Principal occup	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Fation / Job title (See Instructions)	Polly Harris Insurance Ag	gency Amount of Contribution (\$)	\$6.25
Insurance Age Date 01/20/2023 Principal occup Insurance Age Date	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Description vation / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_	Polly Harris Insurance Ag	gency Amount of Contribution (\$)	
Insurance Age Date 01/20/2023 Principal occup Insurance Age Date	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Corpus Christi, TX 78418 ration / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Out-of-state PAC (ID#:_	Polly Harris Insurance Ag	gency Amount of Contribution (\$)	
Insurance Age Date 01/20/2023 Principal occup Insurance Age Date	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Corpus Christi, TX 78418 ration / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Out-of-state PAC (ID#:_	Polly Harris Insurance Ag	gency Amount of Contribution (\$)	
Insurance Age Date 01/20/2023 Principal occup Insurance Age Date	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Corpus Christi, TX 78418 ration / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Out-of-state PAC (ID#:_	Polly Harris Insurance Ag	gency Amount of Contribution (\$)	
Insurance Age Date 01/20/2023 Principal occup Insurance Age Date 02/20/2023	ent Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418 Corpus Christi, TX 78418 ration / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor out-of-state PAC (ID#:_ Hebert, Laura contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Corpus Christi, TX 78418 ration / Job title (See Instructions) Corpus Christi, TX 78418	Polly Harris Insurance Ag	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	

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	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 62/145 Rpt: 65/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/20/2023					\$6.25
	I	6 Contributor address; City; State; Zip Code		1		
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		Corpus Christi, TX 78418				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Insurance Aç	gent	Hebert Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Γ	Amount of Contribution (\$)	
	04/20/2023	Hebert, Laura				\$6.25
		Contributor address; City; State; Zip Code		1		
	I					
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		Corpus Christi, TX 78418				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Insurance A	gent	Hebert Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/20/2023	Hebert, Laura				\$6.25
	1	Contributor address; City; State; Zip Code		1		
	I					
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		Corpus Christi, TX 78418				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A		Hebert Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/20/2023	Hebert, Laura				\$6.25
	I	Contributor address; City; State; Zip Code		1		
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		Corpus Christi, TX 78418		L		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Hebert Insurance	_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/21/2023	Hoffman, Crystal				\$12.50
	I	Contributor address; City; State; Zip Code]		
	I					
	l					
		Sugar Land, TX 77487	1	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A		Hoffman Insurance Grou	up		

-	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 63/145 Rpt: 66/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
	02/21/2023	Hoffman, Crystal				\$12.50
	I	6 Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77487				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
	Insurance Ag		Hoffman Insurance Grou			
╞		-		 T	Amount of Contribution (\$)	
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: Hoffman, Crystal)		Amount of Contribution (\$)	\$12.50
	03/21/2023					Φ12.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77487				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	gent	Hoffman Insurance Grou	up		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/21/2023	Hoffman, Crystal				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77487				
		pation / Job title (See Instructions)	Employer (See Instructions			<u> </u>
	Insurance Aç	yent	Hoffman Insurance Grou	up		
F	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	05/21/2023	Hoffman, Crystal				\$12.50
		Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77487				
		pation / Job title (See Instructions)	Employer (See Instructions	·		
	Insurance Aç	yent	Hoffman Insurance Grou	up		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2023	Hoffman, Crystal				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77487				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	gent	Hoffman Insurance Grou	up		

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	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 64/145 Rpt: 67/156	
2	FILER NAME			_	Filer ID (Ethics Commission	Filers)
-		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4		5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/22/2023	Holloway, Ryan				\$12.50
		6 Contributor address; City; State; Zip Code		1		
~		Dallas, TX 75201		Ĺ		
8	Principal occu Owner	upation / Job title (See Instructions)	9 Employer (See Instructions Holloway Benefit Conce			I
╞			-		······ · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷10 E0
	02/22/2023	Holloway, Ryan				\$12.50
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
-	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> (2)		
	Owner		Holloway Benefit Conce			
=	Date	Full name of contributor Out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	
	03/22/2023	Holloway, Ryan	/		Allount of Contribution (+)	\$12.50
	00,	Contributor address; City; State; Zip Code		-		*=
		Dallas, TX 75201				
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Owner		Holloway Benefit Conce	epts		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/22/2023	Holloway, Ryan				\$12.50
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75201				
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Owner		Holloway Benefit Conce	· 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023	Holloway, Ryan				\$12.50
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
┝	Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	L IS)		
	Owner		Holloway Benefit Conce			
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xas PAC) 9 Employer (See Instructions) Holloway Benefit Conce	00042577 7 Amount of Contribution (\$)) pts	
xas PAC) 9 Employer (See Instructions) Holloway Benefit Conce	00042577 7 Amount of Contribution (\$)) pts	
9 Employer (See Instructions) Holloway Benefit Conce) pts	\$12.50
Holloway Benefit Conce	pts	\$12.50
Holloway Benefit Conce	pts	
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	Amount of Contribution (+)	
	1	\$12.50
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United Healthcare		
)	Amount of Contribution (\$)	
		\$12.50
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)	Amount of Contribution (\$)	Φ10 Ε Ω
		\$12.50
Employer (See Instructions))	
United Healthcare		
)	Amount of Contribution (\$)	
		\$12.50
Employer (See Instructions))	
United Healthcare	, ,	
	United Healthcare	Amount of Contribution (\$) Employer (See Instructions) United Healthcare Amount of Contribution (\$) Employer (See Instructions) United Healthcare Image: See Instructions) Image: See In

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 66/145 Rpt: 69/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/07/2023	Irwin, Maria		\$12.50
	6 Contributor address; City; State; Zip Code		1
2 Dringing ago	Austin, TX 78744		<u> </u>
8 Principal occu Insurance Sa	ipation / Job title (See Instructions)	9 Employer (See Instructions United Healthcare	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/07/2023	Irwin, Maria		\$12.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78744		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Sa	ales	United Healthcare	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Jaques, Kevin		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78746	1 <u>.</u>	
-	ipation / Job title (See Instructions)	Employer (See Instructions United Healthcare	5)
Insurance Sa			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Jaques, Kevin		\$12.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78746		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Sa		United Healthcare	,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/20/2023	Jaques, Kevin		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78746		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Sa	ales	United Healthcare	
Insurance Sa	ales	United Healthcare	

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 67/145 Rpt: 70/156	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
04/20/2023	 5 Full name of contributor out-of-state PAC (ID#: Jaques, Kevin 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
	Austin, TX 78746				
8 Principal occup Insurance Sa	pation / Job title (See Instructions) ales	9 Employer (See Instructions United Healthcare	S)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/20/2023	Jaques, Kevin				\$12.50
	Contributor address; City; State; Zip Code Austin, TX 78746				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
Insurance Sa		United Healthcare	3)		
				Amount of Constribution (ft)	
Date 06/20/2023	Full name of contributor out-of-state PAC (ID#: Jaques, Kevin)		Amount of Contribution (\$)	\$12.50
00/20/2020					Ψ 1 2.00
	Austin, TX 78746				
Principal occup Insurance Sa	pation / Job title (See Instructions) ales	Employer (See Instructions United Healthcare	s)		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/20/2023	Johnson, Sandra				\$25.00
	Contributor address; City; State; Zip Code				
	San Antonio, TX 78249	-			
Principal occup Insurance Ag	pation / Job title (See Instructions) gent	Employer (See Instructions Self	s)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
02/20/2023	Johnson, Sandra				\$25.00
	Contributor address; City; State; Zip Code				
	San Antonio, TX 78249	-			
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance Ag	jent	Self			
		Sell			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 68/145 Rpt: 71/156	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	ers)
National Asso	ociation of Benefit and Insurance Professionals - To	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
03/20/2023	23 Johnson, Sandra			\$25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Insurance Ag	jent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/20/2023	Johnson, Sandra		:	\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Ag		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2023	Johnson, Sandra			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
I	pation / Job title (See Instructions)	Employer (See Instructions)		
Principal occur				
Principal occur Insurance Ag		Self		
Insurance Ag	gent	Self		
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Self	Amount of Contribution (\$)	\$25.00
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Self	Amount of Contribution (\$)	\$25.00
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Self	Amount of Contribution (\$)	\$25.00
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Self	Amount of Contribution (\$)	\$25.00
Insurance Ag	Full name of contributor out-of-state PAC (ID#:	Self	Amount of Contribution (\$)	\$25.00
Insurance Ag Date 06/20/2023	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra Contributor address; City; State; Zip Code	Self	Amount of Contribution (\$)	\$25.00
Insurance Ag Date 06/20/2023	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions)	Self)	Amount of Contribution (\$)	\$25.00
Insurance Ag Date 06/20/2023 Principal occup	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions)	Self) Employer (See Instructions) Self	Amount of Contribution (\$)	\$25.00
Insurance Ag Date 06/20/2023 Principal occup Insurance Ag	Full name of contributorout-of-state PAC (ID#:_ Johnson, Sandra Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions) gent	Self) Employer (See Instructions) Self	Amount of Contribution (\$)	\$25.00
Insurance Ag Date 06/20/2023 Principal occur Insurance Ag Date	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra out-of-state PAC (ID#: Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions) gent Full name of contributor Out-of-state PAC (ID#:	Self) 	Amount of Contribution (\$)	
Insurance Ag Date 06/20/2023 Principal occur Insurance Ag Date	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra out-of-state PAC (ID#: Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions) gent Full name of contributor Full name of contributor out-of-state PAC (ID#: Jones, Jamie Out-of-state PAC (ID#:	Self) 	Amount of Contribution (\$)	
Insurance Ag Date 06/20/2023 Principal occur Insurance Ag Date	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra out-of-state PAC (ID#: Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#: Jones, Jamie Contributor address; City; State; Zip Code	Self) 	Amount of Contribution (\$)	
Insurance Ag Date 06/20/2023 Principal occur Insurance Ag Date	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra out-of-state PAC (ID#: Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions) gent Full name of contributor Full name of contributor out-of-state PAC (ID#: Jones, Jamie Out-of-state PAC (ID#:	Self) 	Amount of Contribution (\$)	
Insurance Ag Date 06/20/2023 Principal occur Insurance Ag Date 01/20/2023	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra out-of-state PAC (ID#: Contributor address; City; State; Zip Code San Antonio, TX 78249 pation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#: Jones, Jamie Contributor address; City; State; Zip Code	Self) 	Amount of Contribution (\$)	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 69/145 Rpt: 72/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
02/20/2023	Jones, Jamie		\$6.25
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77040		
-	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)
Insurance A	.gent	One Digita	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Jones, Jamie		\$6.25
	Contributor address; City; State; Zip Code		
	Houston, TX 77040		
	upation / Job title (See Instructions)	Employer (See Instructions)	<i>i</i>)
Insurance A		One Digita	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2023	Jones, Jamie		\$6.25
	Contributor address; City; State; Zip Code		
	Houston, TX 77040		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Insurance A		One Digita	U
Date			Amount of Contribution (\$)
05/20/2023	Full name of contributor out-of-state PAC (ID#: Jones, Jamie)	Amount of Contribution (\$) \$6.25
0012012020			ψυ.20
	Contributor address; City; State; Zip Code		
	Houston, TX 77040		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Insurance A		One Digita	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2023			\$6.25
	Contributor address; City; State; Zip Code		
	Houston, TX 77040		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)
Insurance A	gent	One Digita	
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The Instr	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 70/145 Rpt: 73/156	
2 FILER NAM	E		3 Filer ID (Ethics Commission Fil	lers)
National A	ssociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/21/2023	Keathley, Bryan			\$12.50
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76012	 		
	cupation / Job title (See Instructions)	9 Employer (See Instructions)		
Insurance		Safe Harbor Benefits Hig		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/21/2023				\$12.50
	Contributor address; City; State; Zip Code			
	Arlington, TX 76012			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	
Insurance		Safe Harbor Benefits Hig		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/21/2023		/		\$12.50
03/21/202:	Keathley, Bryan		:	\$12.50
03/21/202:				\$12.50
03/21/202	3 Keathley, Bryan Contributor address; City; State; Zip Code			\$12.50
	Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012			\$12.50
Principal oc	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 Cupation / Job title (See Instructions) 	Employer (See Instructions))	\$12.50
	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 Cupation / Job title (See Instructions)) gginbotham	\$12.50
Principal oc Insurance Date	Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	
Principal oc Insurance	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:_ Keathley, Bryan 	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	\$12.50
Principal oc Insurance Date	Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	
Principal oc Insurance Date	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:_ Keathley, Bryan 	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	
Principal oc Insurance Date	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:_ Keathley, Bryan Contributor address; City; State; Zip Code 	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	
Principal oc Insurance Date 04/21/2023	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:_ Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	
Principal oc Insurance Date 04/21/2023	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:_ Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) 	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	
Principal oc Insurance Date 04/21/2023 Principal oc	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor out-of-state PAC (ID#:_ 3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$) ; gginbotham	
Principal oc Insurance Date 04/21/2023 Principal oc Insurance	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor 4 out-of-state PAC (ID#:_ 5 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor Out-of-state PAC (ID#:_ Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor Out-of-state PAC (ID#:_ Full name of contributor	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)) gginbotham Amount of Contribution (\$)	
Principal oc Insurance Date 04/21/2023 Principal oc Insurance Date	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor out-of-state PAC (ID#:_ 4 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent G Full name of contributor Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor Out-of-state PAC (ID#:_ Keathley, Bryan	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)) gginbotham Amount of Contribution (\$)	\$12.50
Principal oc Insurance Date 04/21/2023 Principal oc Insurance Date	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor 4 Out-of-state PAC (ID#:_ 5 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor Out-of-state PAC (ID#:_ Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor Out-of-state PAC (ID#:_ Full name of contributor	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)) gginbotham Amount of Contribution (\$)	\$12.50
Principal oc Insurance Date 04/21/2023 Principal oc Insurance Date	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor out-of-state PAC (ID#:_ 4 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent G Full name of contributor Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor Out-of-state PAC (ID#:_ Keathley, Bryan	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)) gginbotham Amount of Contribution (\$)	\$12.50
Principal oc Insurance Date 04/21/2023 Principal oc Insurance Date	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor out-of-state PAC (ID#:_ 4 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent G Full name of contributor Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor Out-of-state PAC (ID#:_ Keathley, Bryan	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)) gginbotham Amount of Contribution (\$)	\$12.50
Principal oc Insurance Date 04/21/2023 Principal oc Insurance Date 05/21/2023	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor address; City; State; Zip Code 4 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor Qupation / Job title (See Instructions) Agent 3 Full name of contributor Qupation / Job title (See Instructions) Agent 3 Full name of contributor Qupation / Job title (See Instructions) Agent Contributor address; City; State; Zip Code Arlington, TX 76012 Cupation / Job title (See Instructions)	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$) gginbotham Amount of Contribution (\$)	\$12.50
Principal oc Insurance Date 04/21/2023	 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent Full name of contributor out-of-state PAC (ID#:_ Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 	Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)	
Principal oc Insurance Date 04/21/2023 Principal oc Insurance Date 05/21/2023	3 Keathley, Bryan Contributor address; City; State; Zip Code Arlington, TX 76012 cupation / Job title (See Instructions) Agent 3 Full name of contributor address; City; State; Zip Code 4 Full name of contributor contributor address; City; State; Zip Code 4 Arlington, TX 76012 5 Full name of contributor contributor 6 Arlington, TX 76012 7 Full name of contributor contributor 7 Generation / Job title (See Instructions) Agent Arlington, TX 76012 7 Full name of contributor control contr	Employer (See Instructions) Safe Harbor Benefits Hig) Employer (See Instructions) Safe Harbor Benefits Hig) gginbotham Amount of Contribution (\$)) gginbotham Amount of Contribution (\$)	\$12.5

The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 71/145 Rpt: 74/156	
2 FILER NAME				Filer ID (Ethics Commission	Filers)
National Ass	National Association of Benefit and Insurance Professionals - Texas PAC			00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/21/2023	06/21/2023 Keathley, Bryan				\$12.50
	6 Contributor address; City; State; Zip Code				
	Arlington, TX 76012				
	upation / Job title (See Instructions)	9 Employer (See Instructions			
Insurance A	gent	Safe Harbor Benefits Hi	iggir	1botham	
Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
01/20/2023	Keel, Ben				\$25.00
	Contributor address; City; State; Zip Code		1		
	Katy, TX 77450				
	upation / Job title (See Instructions)	Employer (See Instructions			
Insurance A	gent	Lone Star Health Plans			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/20/2023	Keel, Ben				\$25.00
	Contributor address; City; State; Zip Code		1		
Duits singly approx	Katy, TX 77450		ŕ		
	upation / Job title (See Instructions)	Employer (See Instructions Lone Star Health Plans			
Insurance Ag	-				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±05.00
03/20/2023	Keel, Ben				\$25.00
	Contributor address; City; State; Zip Code				
	Katy, TX 77450				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>റ</u>		
Insurance A		Lone Star Health Plans			
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Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
04/20/2023	Keel, Ben				\$25.00
	Contributor address; City; State; Zip Code				
	Katy, TX 77450				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
Insurance A		Lone Star Health Plans			

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 72/145 Rpt: 75/156
2 FILER NAME National Asso	ociation of Benefit and Insurance Professionals - Te		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 05/20/2023	05/20/2023 Keel, Ben		7 Amount of Contribution (\$) \$25.00
·	6 Contributor address; City; State; Zip Code		
	Katy, TX 77450		
8 Principal occup Insurance Ag	pation / Job title (See Instructions) gent	9 Employer (See Instructions) Lone Star Health Plans	
Date	Full name of contributor 🛛 out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2023	Keel, Ben		\$25.00
	Contributor address; City; State; Zip Code		
Dringing occu	Katy, TX 77450		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Ag	jent	Lone Star Health Plans	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Kelly, Renee		\$12.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78717	-	
Principal occup Insurance Sa	pation / Job title (See Instructions) ales	Employer (See Instructions) Ameritas	s)
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#: Kelly, Renee)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78717		
Principal occup Insurance Sa	pation / Job title (See Instructions) ales	Employer (See Instructions) Ameritas	s)
Date 03/20/2023	Full name of contributor out-of-state PAC (ID#: Kelly, Renee)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occur	I pation / Job title (See Instructions)	Employer (See Instructions)	
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The Instruction Guide explains how to complete this form. 1 Total pages State State: 73/145 Rpt: 76/156 2 FLER NAME National Association of Benefit and Insurance Professionals - Texas PAC 3 Flet ID (Ethics Commission Filers) 000/2577 4 Date 5 Full name of contributor 0 oxel-state PAC (DD/ Nebly Renee 7 Amount of Contribution (\$) 512.50 6 Contributor address; City, State, Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City, State, Zip Code 7 Amount of Contribution (\$) 512.50 8 Principal occupation / Job tife (See Instructions) Insurance Sales 9 Employer (See Instructions) Ameritas Amount of Contribution (\$) 512.50 Date Full name of contributor 0 oxel-state PAC (DD/ Austin, TX 78717 Amount of Contribution (\$) 512.50 Principal occupation / Job tife (See Instructions) Insurance Sales Employer (See Instructions) Ameritas Amount of Contribution (\$) 512.50 Date Full name of contributor Outrobutor address; City, State, Zip Code Amount of Contribution (\$) 512.50 Date Full name of contributor Outrobutor address; City, State, Zip Code Amount of Contribution (\$) 512.50 Date Full name of contributor Outrobutor address; City, State, Zip Code Amount of Contribution (\$) 512.50 Principal occupation / Job tife (See Instructions) Insurance Agent Employer (See Instructions) Marsh & McLennan Agency Principal occ	L				
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Boyd, TX 7602				
8 Principal occupation / Job title (See	Instructions)	9 Employer (See Instructions		
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Principal occupation / Job title (See Insurance Agent Date Full name of cont 01/20/2023 Knight, Jack	r Instructions)	Marsh & McLennan Age	ency	\$6.25
Principal occupation / Job title (See Insurance Agent Date Full name of cont 01/20/2023 Knight, Jack Contributor addre	tributor out-of-state PAC (ID#:	Marsh & McLennan Age	ency	\$6.25
Principal occupation / Job title (See Insurance Agent Date Full name of cont 01/20/2023 Knight, Jack Contributor addre Amarillo, TX 79	tributor out-of-state PAC (ID#:	Marsh & McLennan Age	Amount of Contribution (\$)	\$6.25
Principal occupation / Job title (See Insurance Agent Date Full name of cont 01/20/2023 Knight, Jack Contributor addre	tributor out-of-state PAC (ID#:	Marsh & McLennan Age	Amount of Contribution (\$)	\$6.25

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 75/145 Rpt: 78/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ociation of Benefit and Insurance Professionals - Te		00042577
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
02/20/2023			\$6.25
	6 Contributor address; City; State; Zip Code		1
	Amarillo, TX 79109		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance Ag	yent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Knight, Jack		\$6.25
	Contributor address; City; State; Zip Code		•
	Contributor address, City, State, Zip Code		
	Amarillo, TX 79109		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Insurance Ag		Self	<i>"</i>
			I Amount of Contribution (ft)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2023	Knight, Jack		\$6.25
i l	Contributor address; City; State; Zip Code		
	A		
	Amarillo, TX 79109		
	pation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023	Knight, Jack		\$6.25
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79109		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Knight, Jack		\$6.25
	Contributor address; City; State; Zip Code		•
	Amarillo, TX 79109		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>۱</u> ۶)
Insurance Ag	· · · · ·	Self	
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 76/145 Rpt: 79/156	
2 FILER NAME		3	Filer ID (Ethics Commission F	-ilers)
National Association of Benefit and Insurance Professionals - Texas			00042577	-
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
01/20/2023 Lawlis, Rita				\$12.50
6 Contributor address; City; State; Zip Code				
Lubbock, TX 79424		Ĺ		
	Employer (See Instructions) Ashmore & Associates	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷10 F0
02/20/2023 Lawlis, Rita				\$12.50
Contributor address; City; State; Zip Code				
Lubbock, TX 79424				
	Employer (See Instructions)	 5)		
	Ashmore & Associates			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/20/2023 Lawlis, Rita				\$12.50
Contributor address; City; State; Zip Code				
Lubbock, TX 79424				
	Employer (See Instructions)	5)		
	Ashmore & Associates	-		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/20/2023 Lawlis, Rita				\$12.50
Contributor address; City; State; Zip Code				
Lubbock, TX 79424				
	Employer (See Instructions)	 5)		
	Ashmore & Associates	,		
Date Full name of contributor out-of-state PAC (ID#:)	I	Amount of Contribution (\$)	
05/20/2023 Lawlis, Rita				\$12.50
Contributor address; City; State; Zip Code				
Lubbock, TX 79424				
	Employer (See Instructions)	5)		
Insurance Agent	Ashmore & Associates			

The Instruct	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 77/145 Rpt: 80/156	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
National Asso	ciation of Benefit and Insurance Professionals - Te		00042577	
4 Date 5	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
06/20/2023	06/20/2023 Lawlis, Rita			\$12.50
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
	ation / Job title (See Instructions)	9 Employer (See Instructions)		
Insurance Age	ent	Ashmore & Associates		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/20/2023	Leal, Gary			\$12.50
	Contributor address; City; State; Zip Code			
	Rosharon, TX 77583	[
	ation / Job title (See Instructions)	Employer (See Instructions))	
Producer Sale	es Consultant	BCBS-TX		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/20/2023	Leal, Gary			\$12.50
ľ	Contributor address; City; State; Zip Code			
	Rosharon, TX 77583			
	ation / Job title (See Instructions)	Employer (See Instructions)	1	
Principal occupa Producer Sale	ation / Job title (See Instructions)	Employer (See Instructions) BCBS-TX		
	ation / Job title (See Instructions)	BCBS-TX	Amount of Contribution (\$)	
Producer Sale	ation / Job title (See Instructions) es Consultant	BCBS-TX		\$12.50
Producer Sale	ation / Job title (See Instructions) es Consultant Full name of contributor out-of-state PAC (ID#:_	BCBS-TX		\$12.50
Producer Sale	ation / Job title (See Instructions) es Consultant Full name of contributor out-of-state PAC (ID#:_ Leal, Gary	BCBS-TX		\$12.50
Producer Sale	ation / Job title (See Instructions) es Consultant Full name of contributor out-of-state PAC (ID#:_ Leal, Gary Contributor address; City; State; Zip Code	BCBS-TX		\$12.50
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Producer Sale Date 03/20/2023	ation / Job title (See Instructions) es Consultant Full name of contributor out-of-state PAC (ID#:_ Leal, Gary Contributor address; City; State; Zip Code Rosharon, TX 77583 ation / Job title (See Instructions)	BCBS-TX)	Amount of Contribution (\$)	\$12.50
Producer Sale Date 03/20/2023	ation / Job title (See Instructions) es Consultant Full name of contributor out-of-state PAC (ID#:_ Leal, Gary Contributor address; City; State; Zip Code Rosharon, TX 77583 ation / Job title (See Instructions)	BCBS-TX) Employer (See Instructions) BCBS-TX	Amount of Contribution (\$)	\$12.50
Producer Sale Date 03/20/2023	ation / Job title (See Instructions) es Consultant Full name of contributor	BCBS-TX) Employer (See Instructions) BCBS-TX)	Amount of Contribution (\$)	\$12.50
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Producer Sale Date 03/20/2023 Principal occupa Producer Sale Date 04/20/2023	ation / Job title (See Instructions) es Consultant Full name of contributor	BCBS-TX) Employer (See Instructions) BCBS-TX)	Amount of Contribution (\$)	

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/145 Rpt: 81/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	sociation of Benefit and Insurance Professionals - Te	xas PAC	00042577	513)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/20/2023	Ledgerwood, Michael	ļ	\$	\$25.00
	6 Contributor address; City; State; Zip Code		1	
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	Cypress, TX 77433	•		
•	upation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance S	ales	Senior Health Plans of T		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/20/2023	Ledgerwood, Michael		\$	\$25.00
	Contributor address; City; State; Zip Code		1	
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	Cypress, TX 77433	1 (7 1 1 1 1 1 1 1 1		
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Insurance S		Senior Health Plans of T	-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Ledgerwood, Michael		\$	\$25.00
	Contributor address; City; State; Zip Code		1	
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	Cypress, TX 77433	ļ		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Insurance S		Senior Health Plans of T		
			-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀጋር በበ
04/20/2023	Ledgerwood, Michael		φ	\$25.00
	Contributor address; City; State; Zip Code	ļ		
		ļ		
	Cypress, TX 77433	ļ		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Insurance S		Senior Health Plans of T		
Date 05/20/2023	Full name of contributor out-of-state PAC (ID#: Ledgerwood, Michael	J	Amount of Contribution (\$)	\$25.00
0012012020	-		· ·	\$20.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77433			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance S		Senior Health Plans of T		

The Instruct	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 79/145 Rpt: 82/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
National Asso	ociation of Benefit and Insurance Professionals - Te		00042577	
4 Date 5	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/20/2023	06/20/2023 Ledgerwood, Michael		S	\$25.00
ie e	6 Contributor address; City; State; Zip Code			
	Cypress, TX 77433			
		9 Employer (See Instructions)		
Insurance Sal	es	Senior Health Plans of T	exas	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/20/2023	Lee, Diane			\$6.25
["	Contributor address; City; State; Zip Code			
L	Corpus Christi, TX 78401			
	ation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Age	ent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
02/20/2023	Lee, Diane			\$6.25
	Contributor address; City; State; Zip Code			
		I		
	Corpus Christi TV 78401			
Principal occup	Corpus Christi, TX 78401	Employer (See Instructions)	Λ	
	ation / Job title (See Instructions)	Employer (See Instructions) Self)	
Insurance Age	ation / Job title (See Instructions) ent	Employer (See Instructions) Self		
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Insurance Age	ation / Job title (See Instructions) ent Full name of contributor			\$6.25
Insurance Age	ent Full name of contributor Out-of-state PAC (ID#:			\$6.25
Insurance Age	ation / Job title (See Instructions) ent Full name of contributor			\$6.25
Insurance Age	ent Full name of contributor out-of-state PAC (ID#:			\$6.25
Insurance Age Date 03/20/2023	ation / Job title (See Instructions) ent Full name of contributor	Self)	Amount of Contribution (\$)	\$6.25
Insurance Age Date 03/20/2023	ation / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Lee, Diane Contributor address; City; State; Zip Code Corpus Christi, TX 78401 ation / Job title (See Instructions)		Amount of Contribution (\$)	\$6.25
Insurance Age Date 03/20/2023	ation / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Lee, Diane Contributor address; City; State; Zip Code Corpus Christi, TX 78401 ation / Job title (See Instructions) ent	Self) Employer (See Instructions)	Amount of Contribution (\$)	\$6.25
Insurance Age Date 03/20/2023	ation / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Lee, Diane Contributor address; City; State; Zip Code Corpus Christi, TX 78401 ation / Job title (See Instructions)	Self) Employer (See Instructions)	Amount of Contribution (\$)	\$6.25
Insurance Age Date 03/20/2023	ation / Job title (See Instructions) ent Full name of contributor	Self) Employer (See Instructions)	Amount of Contribution (\$)	
Insurance Age Date 03/20/2023	ation / Job title (See Instructions) ent Full name of contributor	Self) Employer (See Instructions)	Amount of Contribution (\$)	
Insurance Age Date 03/20/2023	ation / Job title (See Instructions) ent Full name of contributor	Self) Employer (See Instructions)	Amount of Contribution (\$)	
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Insurance Age Date 03/20/2023 Principal occupa Insurance Age Date 04/20/2023	ation / Job title (See Instructions) ent Full name of contributor	Self) Employer (See Instructions)	Amount of Contribution (\$)	

National Association of Benefit and Insurance Professionals - Texas PAC 00042577						
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 I Date 5 Full name of contributor out-of-state PAC (DU) 7 Amount of Contribution address; City; State; Zip Code 7 Amount of Contribution (\$) Corpus Christi, TX 78401 9 Employer (See Instructions) 7 Insurance Agent 0x6-of-state PAC (DU) Amount of Contribution (\$) 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) 8 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) \$ 12.50 Date Full name of contributor out-of-state PAC (DP Amount of Contribution (\$) \$ \$ Date Full name of contributor out-of-state PAC (DP Amount of Contribution (\$) \$ \$ Date Full name of contributor out-of-state PAC (DP Amount of Contribution (\$)	The Instruc	tion Guide explains how to complete this f	orm.			
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 I Date 5 Full name of contributor out-of-state PAC (DU) 7 Amount of Contribution address; City; State; Zip Code 7 Amount of Contribution (\$) Corpus Christi, TX 78401 9 Employer (See Instructions) 7 Insurance Agent 0x6-of-state PAC (DU) Amount of Contribution (\$) 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) 8 8 Date Contributor address; City; State; Zip Code Amount of Contribution (\$) \$ 12.50 Date Full name of contributor out-of-state PAC (DP Amount of Contribution (\$) \$ \$ Date Full name of contributor out-of-state PAC (DP Amount of Contribution (\$) \$ \$ Date Full name of contributor out-of-state PAC (DP Amount of Contribution (\$)	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
05/20/2023 Lee, Diane \$6.25 6 Contributor address: City: State; Zip Code Corpus Christi, TX 78401 9 Employer (See Instructions) Insurance Agent \$9 Date 06/20/2023 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Self Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (S) Self Date 01/05/2023 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Self Date 01/05/2023 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Self Date 02/05/2023 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Self Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (S) Self Date 02/05/2023 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Self Date 03/05/2023 Full name of contributor out-of-state PAC (Dir: Amount of Contribution (S) Self Date 03/05/2023 Full name of contributor out-of-state PAC (Dir: Self Date 03/05/2023 Full name of contributor out-of-state		ociation of Benefit and Insurance Professionals - Te	exas PAC			-
6 Contributor address: City; State; Zip Code Corpus Christi, TX 78401 3 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (Der	4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	
Image: Corpus Christi, TX 78401 Principal occupation / Job title (See Instructions) Insurance Agent P Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (DF:	05/20/2023	Lee, Diane	ſ			\$6.25
3 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Self Date 06/20/2023 Full name of contributor Lee, Diane out-of-state PAC (Der) Amount of Contribution (\$) S6.25 Contributor address; City; State; Zip Code S6.25 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) Date 01/05/2023 Full name of contributor Long, Scott out-of-state PAC (Der) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) Date 01/05/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) Insurance Agent Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Date 02/05/2023 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Narvance Agent Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 O2/05/2023 Full name of contributor Long, Scott Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 O3/05/2023	i i	6 Contributor address; City; State; Zip Code				
3 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Self Date 06/20/2023 Full name of contributor Lee, Diane out-of-state PAC (Der) Amount of Contribution (\$) S6.25 Contributor address; City; State; Zip Code S6.25 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) Date 01/05/2023 Full name of contributor Long, Scott out-of-state PAC (Der) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) Date 01/05/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) Insurance Agent Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Date 02/05/2023 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Narvance Agent Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 O2/05/2023 Full name of contributor Long, Scott Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 O3/05/2023						
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Insurance Agent Self Date 06/20/2023 Full name of contributor out-of-state PAC (ID#) Lee, Diane Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Date 01/05/2023 Full name of contributor out-of-state PAC (ID#) Long, Scott Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) Sil2.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) Sil2.50 Date 02/05/2023 Full name of contributor out-of-state PAC (ID#) Long, Scott Amount of Contribution (\$) Self Date 02/05/2023 Full name of contributor out-of-state PAC (ID#) Long, Scott Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) Sil2.50 Date 03/05/2023 Full name of contributor out-of-state PAC (ID#) Long, Scott Amount of Contribution (\$) Self Sil2.50 Date 03/05/2023 Full name of contributor out-of-state PAC (ID#) Long, Scott Amount of Contribution (\$) Sil2.50 Sil2.50 D		· ·				
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Contributor address: City, State; Zip Code Corpus Christi, TX 78401 Principal occupation / Job title (See Instructions) Insurance Agent Date 01/05/2023 Long, Scott Contributor address; City, State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Insurance Agent Date Vincipal occupation / Job title (See Instructions) Insurance Agent Date O2/05/2023 Full name of contributor Out-of-state PAC (IDE: Self Date O2/05/2023 Long, Scott Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Insurance Agent Self Principal occupation / Job title (See Instructions) Insurance Agent Self Date Full name of contributor Oat-of-state PAC (IDE: O3/05/2023 Long, Scott Contributor address; City; State; Zip Code Salf Date <td></td> <td></td> <td>)</td> <td></td> <td>Amount of Contribution (\$)</td> <td></td>)		Amount of Contribution (\$)	
Corpus Christi, TX 78401 Employer (See Instructions) Insurance Agent Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) \$12.50 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 O2/05/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self \$12.50 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 O3/05/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 O3/05/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 O3/05/2023 Full name of contribut	06/20/2023					\$6.25
Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:		Contributor address; City; State; Zip Code				
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Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:		Cornus Christi, TX 78401	ſ			
Insurance Agent Self Date 01/05/2023 Full name of contributor out-of-state PAC (ID#;) Long, Scott Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) \$12.50 Date 02/05/2023 Full name of contributor out-of-state PAC (ID#;) Long, Scott Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) \$12.50 Date 03/05/2023 Full name of contributor out-of-state PAC (ID#;) Long, Scott Amount of Contribution (\$) Self \$12.50 Date 03/05/2023 Full name of contributor out-of-state PAC (ID#;) Long, Scott Amount of Contribution (\$) Self \$12.50 Date 03/05/2023 Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) Long, Scott \$12.50 Contributor address; City, State; Zip Code Katy, TX 77494 Employer (See Instructions) \$12.50 Principal occupation / Job titile (See Instructions) Employer (See Instructions)<	Principal occup	-	Employer (See Instructions	<u>ا</u>		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Long, Scott Amount of Contribution (\$) 02/05/2023 Long, Scott out-of-state PAC (ID#:) Vincipal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50 Insurance Agent Self Self Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 03/05/2023 Long, Scott Self Self Self Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 0				5)		
01/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:				1	Amount of Contribution (\$)	
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Katy, TX 77494 Employer (See Instructions) Insurance Agent Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$12.50 02/05/2023 Long, Scott Amount of Contribution (\$) \$12.50 02/05/2023 Contributor address; City; State; Zip Code						Ψ12.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:						
Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$12.50 Katy, TX 77494 Employer (See Instructions) Employer (See Instructions) Insurance Agent Self \$12.50 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/05/2023 Long, Scott Self \$12.50 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/05/2023 Long, Scott Self \$12.50 Contributor address; City; State; Zip Code Katy, TX 77494 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50		Katy, TX 77494				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:) 03/05/2023 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) State Full name of contributor out-of-state PAC (ID#:) Atom out of Contributor address; City; State; Zip Code Amount of Contribution (\$) Katy, TX 77494 Katy, TX 77494 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)		
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Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) 03/05/2023 Long, Scott Contributor address; City; State; Zip Code Amount of Contribution (\$) Katy, TX 77494 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	ľ	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) 03/05/2023 Long, Scott Contributor address; City; State; Zip Code Amount of Contribution (\$) Katy, TX 77494 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions)		-		Ĺ		
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03/05/2023 Long, Scott \$12.50 Contributor address; City; State; Zip Code \$12.50 Katy, TX 77494 Employer (See Instructions)						
Contributor address; City; State; Zip Code Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	#40 F0
Katy, TX 77494 Employer (See Instructions)	03/05/2023					\$12.50
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ſ			
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	Principal occup		Employer (See Instructions	<u> </u> s)		
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The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 81/145 Rpt: 84/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National As	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
04/05/2023	5,		\$12.50
	6 Contributor address; City; State; Zip Code		
	Katy, TX 77494		
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance A		Self	5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/05/2023)	\$12.50
	Contributor address; City; State; Zip Code		
	Katy, TX 77494		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/05/2023	Long, Scott		\$12.50
	Contributor address; City; State; Zip Code		
	Kehr TV 77404		
Dringinglage	Katy, TX 77494		
Insurance A	upation / Job title (See Instructions)	Employer (See Instructions Self	5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/18/2023			\$12.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78260-2252		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Aetna TX	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/18/2023	Lopez, Melissa		\$12.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78260-2252	1	
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	.gent	Aetna TX	

The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 82/145 Rpt: 85/156	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
National Asso	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
03/18/2023	Lopez, Melissa				\$12.50
	6 Contributor address; City; State; Zip Code		1		
	San Antonio, TX 78260-2252		Ĺ		
	pation / Job title (See Instructions)	9 Employer (See Instructions Aetna TX	5)		
Insurance Ag			_		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±10 50
04/18/2023					\$12.50
	Contributor address; City; State; Zip Code				
	San Antonio, TX 78260-2252				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
Insurance Ag		Aetna TX	,		
Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/18/2023	Lopez, Melissa	/		(,)	\$12.50
	San Antonio, TX 78260-2252				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance Ag	jent	Aetna TX			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/18/2023	Lopez, Melissa				\$12.50
	Contributor address; City; State; Zip Code				
	San Antonio, TX 78260-2252				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
Insurance Ag	, ,	Aetna TX	-,		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/20/2023	Martin, Patricia				\$12.50
	Contributor address; City; State; Zip Code				
	Houston, TX 77056				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance Ag	jent	Self			

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 83/145 Rpt: 86/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ociation of Benefit and Insurance Professionals - Te		00042577	,
02/20/2023	 5 Full name of contributor out-of-state PAC (ID#: Martin, Patricia 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)\$	612.50
	Houston, TX 77056			
8 Principal occup Insurance Ag	oation / Job title (See Instructions) ent	9 Employer (See Instructions) Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/20/2023	Martin, Patricia		\$	612.50
ľ	Contributor address; City; State; Zip Code			
	Houston, TX 77056			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	1	
Insurance Ag	ent	Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/20/2023	Martin, Patricia		\$	612.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77056			
Principal occup		Employer (See Instructions)	 I	
Insurance Ag	oation / Job title (See Instructions) ent	Self		
Insurance Ag			Amount of Contribution (\$)	
	ent			512.50
Date	ent Full name of contributor out-of-state PAC (ID#:			12.50
Date 05/20/2023	ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Contributor address; City; State; Zip Code Houston, TX 77056	Self)	\$	\$12.50
Date 05/20/2023	ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Ontributor address; City; State; Zip Code Houston, TX 77056 Dation / Job title (See Instructions)		\$	\$12.50
Date 05/20/2023 Principal occup Insurance Ag Date	ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Contributor address; City; State; Zip Code Houston, TX 77056 Dation / Job title (See Instructions) ent out-of-state PAC (ID#:_	Self) Employer (See Instructions)	\$ Amount of Contribution (\$)	
Date 05/20/2023 Principal occup Insurance Ag	ent Full name of contributor out-of-state PAC (ID#:	Self) Employer (See Instructions)	\$ Amount of Contribution (\$)	\$12.50 \$12.50
Date 05/20/2023 Principal occup Insurance Ag Date	ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Contributor address; City; State; Zip Code Houston, TX 77056 Dation / Job title (See Instructions) ent out-of-state PAC (ID#:_	Self) Employer (See Instructions)	\$ Amount of Contribution (\$)	
Date 05/20/2023 Principal occup Insurance Ag Date	ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Contributor address; City; State; Zip Code Houston, TX 77056 Houston, TX 77056 pation / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Martin, Patricia	Self) Employer (See Instructions)	\$ Amount of Contribution (\$)	
Date 05/20/2023 Principal occup Insurance Ag Date 06/20/2023	ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Contributor address; City; State; Zip Code Houston, TX 77056 Houston, TX 77056 pation / Job title (See Instructions) ent Full name of contributor out-of-state PAC (ID#:_ Martin, Patricia Contributor address; City; State; Zip Code	Self) Employer (See Instructions)	\$ Amount of Contribution (\$) \$	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 84/145 Rpt: 87/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/10/2023	Meason, Toby		\$12.5
	6 Contributor address; City; State; Zip Code		
	Amarillo, TX 79101		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/10/2023	Meason, Toby		\$12.5
	Amarillo, TX 79101		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)
Insurance Ag		Self	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
03/10/2023	Meason, Toby	/	\$12.5
03/10/2023	-		Ψ±2
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79101		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Insurance Ag		Self	»)
	- 		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/10/2023	Meason, Toby		\$12.5
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79101		
Dringing oggu			
	ipation / Job title (See Instructions)	Employer (See Instructions Self	;)
Insurance Ag	-		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/10/2023	Meason, Toby		\$12.5
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79101		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance Ag	gent	Self	

The In	struction Guide explains how to com	plete this form.		ages Schedule A1: 5/145 Rpt: 88/156	
2 FILER N	IAME		3 Filer ID	(Ethics Commission	n Filers)
Nationa	al Association of Benefit and Insurance Profe	essionals - Texas PAC	00042	577	
4 Date	5 Full name of contributor out-of-	-state PAC (ID#:)	7 Amount	t of Contribution (\$)	
06/10/2	2023 Meason, Toby				\$12.50
	6 Contributor address; City; State; Zip Co	ode			
5 5 1 1 1 1 1	Amarillo, TX 79101				
	l occupation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	ice Agent	Self	r		
Date		-state PAC (ID#:)	Amount	t of Contribution (\$)	
01/20/2					\$12.50
	Contributor address; City; State; Zip Co	ode			
	Tyler, TX 75701				
Principa	l occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	ice Agent	Hibbs Hallmark	<i>')</i>		
Date		-state PAC (ID#:)	Amount	t of Contribution (\$)	
02/20/2		State PAC (10#,	Anoun		\$12.50
•====	Contributor address; City; State; Zip Co	റർല			T =
	Tyler, TX 75701				
	l occupation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurar	ice Agent	Hibbs Hallmark			
Date	Full name of contributor out-of-	-state PAC (ID#:)	Amount	t of Contribution (\$)	
03/20/2	023 Miller, Derella Ann				\$12.50
	Contributor address; City; State; Zip Co	ode			
	Tyler, TX 75701				
Princina	l occupation / Job title (See Instructions)	Employer (See Instructions	•)		
	ice Agent	Hibbs Hallmark)		
			Amount	t of Contribution (¢)	
Date 04/20/2		-state PAC (ID#:)	Amouri	t of Contribution (\$)	\$12.50
07/20/2	Contributor address; City; State; Zip Co	ada			Ψ12.00
		ode			
	Tyler, TX 75701				
Principa	l occupation / Job title (See Instructions)	Employer (See Instruction	;)		
Insurar	ice Agent	Hibbs Hallmark			
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 86/145 Rpt: 89/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/20/2023	Miller, Derella Ann				\$12.50
	I	6 Contributor address; City; State; Zip Code		1		
		Tyler, TX 75701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Aç	gent	Hibbs Hallmark			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/20/2023	Miller, Derella Ann				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Tyler, TX 75701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	gent	Hibbs Hallmark			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/20/2023	Naylor, Candice				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Fritch, TX 79036				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/20/2023	Naylor, Candice				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Fritch, TX 79036				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Self			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	03/20/2023	Naylor, Candice				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Fritch, TX 79036				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	gent	Self			

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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 87/145 Rpt: 90/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/20/2023	Naylor, Candice		\$12.5
	6 Contributor address; City; State; Zip Code		1
	Fritch, TX 79036		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/20/2023	Naylor, Candice		\$12.5
	Contributor address; City; State; Zip Code		1
	Fritch, TX 79036		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
06/20/2023	Naylor, Candice		\$12.5
	Contributor address; City; State; Zip Code		1
	Fritch, TX 79036		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Ag	Jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Ott, Rick		\$6.2
	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78403		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Ott, Rick		\$6.2
	Contributor address; City; State; Zip Code		1
	I		
	Corpus Christi, TX 78403		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance Ag	jent	Self	

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 88/145 Rpt: 91/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/20/2023	Ott, Rick				\$6.25
		6 Contributor address; City; State; Zip Code		ł		
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	I	1	!			
		Corpus Christi, TX 78403		_		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	gent	Self	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/20/2023	Ott, Rick				\$6.25
	I	Contributor address; City; State; Zip Code		1		
	I		!			
	I	1	!			
		Corpus Christi, TX 78403		L		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	yent	Self	_		
	Date	Full name of contributor out-of-state PAC (ID#:	· ·)	Ē	Amount of Contribution (\$)	
	05/20/2023	Ott, Rick	!			\$6.25
	I	Contributor address; City; State; Zip Code		1		
	I	1	!			
	I	1	!			
		Corpus Christi, TX 78403				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Insurance Aç		Self			
	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/20/2023	Ott, Rick				\$6.25
	I	Contributor address; City; State; Zip Code		1		
	I	1	!			
	I		!			
		Corpus Christi, TX 78403		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag		Self	. 		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/28/2023	Palmer, Krista	!]		\$12.50
	I	Contributor address; City; State; Zip Code	!			
	I	1	1			
	I	Carrollton, TX 75007	,			
	Drincinal occu	upation / Job title (See Instructions)	Employor (See Instructions	$\overline{\Gamma}$		
	Agent		Employer (See Instructions 90DegreeBenefits	5)		
	Ауета		SUDEGLEEDENEIRS			

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 89/145 Rpt: 92/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/28/2023	Palmer, Krista				\$12.50
		6 Contributor address; City; State; Zip Code		ł		
		Carrollton, TX 75007				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Agent		90DegreeBenefits			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/28/2023	Palmer, Krista				\$12.50
		Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75007				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		90DegreeBenefits			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	05/28/2023	Palmer, Krista				\$12.50
		Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75007				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		90DegreeBenefits			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/28/2023	Palmer, Krista				\$12.50
		Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75007	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		90DegreeBenefits			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	01/20/2023	Pancerz, Claire				\$12.50
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75251	1			
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Holmes Murphy & Asso	cia	tes	

	The Instru	ction Guide explains how to complete this	s form.		Total pages Schedule A1: Sch: 90/145 Rpt: 93/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals -	Texas PAC		00042577	-
4	Date	5 Full name of contributor Out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	02/20/2023	Pancerz, Claire				\$12.50
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	ļ					
		Dallas, TX 75251				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Insurance Ag	gent	Holmes Murphy & Asso	ociate	es	
F	Date	Full name of contributor out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	03/20/2023	Pancerz, Claire				\$12.50
		Contributor address; City; State; Zip Code		···		
		Dallas, TX 75251				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Insurance Ag	gent	Holmes Murphy & Asso	ociate	es	
F	Date	Full name of contributor out-of-state PAC (ID	D#:)	T	Amount of Contribution (\$)	
	04/20/2023	Pancerz, Claire				\$12.50
		Contributor address; City; State; Zip Code		···		
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		Dallas, TX 75251				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Aç	jent	Holmes Murphy & Asso	ociate	es	
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	T	Amount of Contribution (\$)	
	05/20/2023	Pancerz, Claire				\$12.50
	ļ	Contributor address; City; State; Zip Code		"		
		Dallas, TX 75251	<u> </u>	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag	jent	Holmes Murphy & Asso	ociate	<u>}</u> S	
	Date	Full name of contributor Out-of-state PAC (ID)#:)	_	Amount of Contribution (\$)	_
	06/20/2023	Pancerz, Claire				\$12.50
		Contributor address; City; State; Zip Code		Ϊ		
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		Dallas, TX 75251				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag	jent	Holmes Murphy & Asso	ociate	} S	

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Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
			\$12.50
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Corpus Christi, TX 78451			
on / Job title (See Instructions)	9 Employer (See Instructions))	
	Carlisle Insurance Agene	су	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Parkey, Sarah			\$12.50
Corpus Christi, TX 78451			
on / Job title (See Instructions)	Employer (See Instructions))	
	Carlisle Insurance Agen	су	
Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
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Corpus Christi, TX 78451			
	Carlisle Insurance Agen	су	
Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (f)	
Darkov, Sarah		Amount of Contribution (\$)	
Parkey, Sarah)		\$12.50
Contributor address; City; State; Zip Code			\$12.50
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Contributor address; City; State; Zip Code	Employer (See Instructions))	\$12.50
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4 Date 06/19/2023	 Full name of contributor out-of-state PAC (ID#: Parkey, Sarah Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$12.50
	Corpus Christi, TX 78451			
8 Principal occu Insurance A	upation / Job title (See Instructions) .gent	9 Employer (See Instructions) Carlisle Insurance Agenc		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/20/2023	Perryman, Melissa			\$12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78730			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)		
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/20/2023	Perryman, Melissa			\$12.50
	Contributor address; City; State; Zip Code Austin, TX 78730			
	upation / Job title (See Instructions)	Employer (See Instructions)		
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Perryman, Melissa			\$12.50
1				
	Contributor address; City; State; Zip Code			
	Austin, TX 78730			
Principal occu Insurance A	Austin, TX 78730 upation / Job title (See Instructions)	Employer (See Instructions) Self		
-	Austin, TX 78730 upation / Job title (See Instructions)		Amount of Contribution (\$)	\$12.50
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National Association of Benefit and Insurance Professionals - Texas PAC 00042577						
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contribution usur-of-state PAC (Der) 7 Amount of Contribution (\$) 9 Derryman, Melissa 6 Contributor address; City: State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) 106/20/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 106/20/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 106/20/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 106/20/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 101/20/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 101/20/2023 Phifer, Joe State: Zip Code State: Zip Code 101/20/2023 Phifer, Joe State: Zip Code Amount of Contribution (\$) 101/20/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 101/20/2023 Full name of contributor out-of-state PAC (Der) Amount of Contribution (\$) 102/20/2023 Full name of	The Instruc	tion Guide explains how to complete this f	orm.	1		
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8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Self Date 06/20/2023 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self Amount of Contribution (\$) \$12.50 Date 01/20/2023 Full name of contributor out-of-state PAC (Der) Self Amount of Contribution (\$) Self Date 01/20/2023 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Sun Life Financial Amount of Contribution (\$) \$12.50 Date 02/20/2023 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$12.50 Phincipal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Sun Life Financial Amount of Contribution (\$) \$12.50 Pate 03/20/2023 Full name of contributor out-of-state PAC (Der) Out-of-state PAC (Der						
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Insurance Agent Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$12.50 Dallas, TX 75219 Employer (See Instructions) Employer (See Instructions) Insurance Agent Sun Life Financial Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/20/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/20/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/20/2023 Phifer, Joe s12.50 \$12.50 Data Dallas, TX 75219 Employer (See Instructions) \$12.50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50		Dallas, TX 75219				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) 03/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 03/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75219 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
02/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) 03/20/2023 Phifer, Joe Amount of Contribution (\$) 03/20/2024 Dallas, TX 75219 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/20/2023 Phifer, Joe \$12.50 \$12.50 Dallas, TX 75219 Employer (See Instructions) \$12.50 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Insurance Ag	jent	Sun Life Financial			
Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor Out-of-state PAC (ID#:) Phifer, Joe Contributor address; City; State; Zip Code Date Full name of contributor Out-of-state PAC (ID#:) Phifer, Joe Contributor address; City; State; Zip Code Date Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Dallas, TX 75219 Employer (See Instructions) Insurance Agent Employer (See Instructions) Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Dallas, TX 75219 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$12.50	02/20/2023	Phifer, Joe				\$12.50
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) 03/20/2023 Phifer, Joe Amount of Contribution (\$) Contributor address; City; State; Zip Code State; Zip Code Dallas, TX 75219 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	ľ	Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) 03/20/2023 Phifer, Joe Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75219 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) 03/20/2023 Phifer, Joe Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75219 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Insurance Agent Sun Life Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Dallas, TX 75219 Full name of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		Dallas, TX 75219				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions)				5)		
03/20/2023 Phifer, Joe \$12.50 Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Insurance Ag	jent	Sun Life Financial			
Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions)	03/20/2023	Phifer, Joe				\$12.50
Principal occupation / Job title (See Instructions) Employer (See Instructions)	İ	Contributor address; City; State; Zip Code	,	1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Insurance Agent Sun Life Financial				5)		
	Insurance Ag	ent	Sun Life Financial			

The Instru	uction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 94/145 Rpt: 97/156	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
National As	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
04/20/2023					\$12.50
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75219				
	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Insurance A	.gent	Sun Life Financial			
Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
05/20/2023					\$12.50
	Contributor address; City; State; Zip Code		1		
	Dallas, TX 75219				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance A	igent	Sun Life Financial			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/20/2023	Phifer, Joe				\$12.50
	Contributor address; City; State; Zip Code		1		
	Dallas, TX 75219				
-	upation / Job title (See Instructions)	Employer (See Instructions	S)		
Insurance A	.gent	Sun Life Financial			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
01/02/2023	Pleasants, Jennifer				\$25.00
	Contributor address; City; State; Zip Code		1		
	Corpus Christi, TX 78414		Ļ		
-	upation / Job title (See Instructions)	Employer (See Instructions			
Account Ma	-	UnitedHealthcare Emplo	oye		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
02/02/2023	Pleasants, Jennifer				\$25.00
	Contributor address; City; State; Zip Code				
	Comerce Christi TV 70414				
	Corpus Christi, TX 78414		ŕ		
-	upation / Job title (See Instructions)	Employer (See Instructions			
Account Ma	nager	UnitedHealthcare Emplo	0уе	ir & Individual	

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 95/145 Rpt: 98/156	
FILER NAME			3 Filer ID (Ethics Commission File	ers)
National Ass	ociation of Benefit and Insurance Professionals - Te	xas PAC	00042577	
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/02/2023	Pleasants, Jennifer		\$	\$25.00
ł	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Account Mar	lager	UnitedHealthcare Emplo	yer & Individual	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/02/2023	Pleasants, Jennifer			\$25.00
	Corpus Christi, TX 78414			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Account Mar	lager	UnitedHealthcare Emplo	yer & Individual	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/02/2023	Pleasants, Jennifer			\$25.00
	Corpus Christi, TX 78414			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Account Mar	lager	UnitedHealthcare Emplo	yer & Individual	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/02/2023	Pleasants, Jennifer		\$	\$25.00
ł	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
Account Mar	ager	UnitedHealthcare Emplo	oyer & Individual	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/10/0000 1	Rasmussen, Reid		\$	\$12.50
01/19/2023	· · ·			
01/19/2023	Contributor address; City; State; Zip Code			
01/19/2023				
01/19/2023				
01/19/2023				
	Contributor address; City; State; Zip Code	Employer (See Instructions)	
	National Asso Date D3/02/2023 Principal occup Account Man Date D4/02/2023 Principal occup Account Man Date D5/02/2023 Principal occup Account Man Date D5/02/2023	National Association of Benefit and Insurance Professionals - Technology Date 5 Full name of contributor	National Association of Benefit and Insurance Professionals - Texas PAC Date 5 Full name of contributor out-of-state PAC (ID#:	National Association of Benefit and Insurance Professionals - Texas PAC 00042577 Date 5 Full name of contributor out-of-state PAC (ID#;) 7 Amount of Contribution (\$) 33/02/2023 5 Contributor address; City: State; Zip Code 7 Amount of Contribution (\$) 5 Contributor address; City: State; Zip Code 0ut-of-state PAC (ID#;) 7 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 4 Date Full name of contributor out-of-state PAC (ID#;

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 96/145 Rpt: 99/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
	02/19/2023 Rasmussen, Reid				\$12.50	
		6 Contributor address; City; State; Zip Code		1		
		Mckinney, TX 75071				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Agent		fresh benies			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/19/2023	Rasmussen, Reid				\$12.50
		Contributor address; City; State; Zip Code		1		
		Mckinney, TX 75071				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		fresh benies			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2023	Rasmussen, Reid			• ·	\$12.50
		Contributor address; City; State; Zip Code		1		
		Mckinney, TX 75071				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		fresh benies			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/19/2023	Rasmussen, Reid				\$12.50
		Contributor address; City; State; Zip Code		1		
		Mckinney, TX 75071				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		fresh benies			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/19/2023	Rasmussen, Reid				\$12.50
		Contributor address; City; State; Zip Code		1		
		Mckinney, TX 75071				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		fresh benies			

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/145 Rpt: 100/156		
2 FILER NAME	2 FILER NAME			Filers)
National Asso	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_) 7	7 Amount of Contribution (\$)	
01/16/2023	Raymond, Garrin			\$12.50
ľ	6 Contributor address; City; State; Zip Code			
	Houston, TX 77043	l		
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Insurance Ag	ent	One Digital		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/16/2023	Raymond, Garrin			\$12.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77043			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Ag		One Digital		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11 5 13 6 6 6				
03/16/2023	Raymond, Garrin			\$12.50
03/16/2023	Raymond, Garrin Contributor address; City; State; Zip Code			\$12.50
03/16/2023				\$12.50
03/16/2023	Contributor address; City; State; Zip Code			\$12.50
	Contributor address; City; State; Zip Code Houston, TX 77043	Employer (See Instructions)		\$12.50
	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions)	Employer (See Instructions) One Digital		\$12.50
Principal occur Insurance Ag	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) Jent	One Digital	Amount of Contribution (\$)	\$12.50
Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) pent Full name of contributor out-of-state PAC (ID#:)	One Digital	Amount of Contribution (\$)	
Principal occur Insurance Ag	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) jent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin	One Digital	Amount of Contribution (\$)	\$12.50 \$12.50
Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) pent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin	One Digital	Amount of Contribution (\$)	
Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) jent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin	One Digital	Amount of Contribution (\$)	
Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) jent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin	One Digital	Amount of Contribution (\$)	
Principal occur Insurance Ag Date 04/16/2023	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin Contributor address; City; State; Zip Code	One Digital		
Principal occur Insurance Ag Date 04/16/2023	Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions)	One Digital		
Principal occup Insurance Ag Date 04/16/2023 Principal occup	Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions)	One Digital) Employer (See Instructions) One Digital		
Principal occup Insurance Ag Date 04/16/2023 Principal occup Insurance Ag	Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent	One Digital) Employer (See Instructions) One Digital		
Principal occur Insurance Ag Date 04/16/2023 Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent Full name of contributor out-of-state PAC (ID#:_ Raymond, Garrin Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent Full name of contributor out-of-state PAC (ID#:_ Full name of contributor out-of-state PAC (ID#:_	One Digital) Employer (See Instructions) One Digital		\$12.50
Principal occur Insurance Ag Date 04/16/2023 Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent Full name of contributor	One Digital) Employer (See Instructions) One Digital		\$12.50
Principal occur Insurance Ag Date 04/16/2023 Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) pent Full name of contributor	One Digital) Employer (See Instructions) One Digital		\$12.50
Principal occur Insurance Ag Date 04/16/2023 Principal occur Insurance Ag Date	Contributor address; City; State; Zip Code Houston, TX 77043 Dation / Job title (See Instructions) Jent Full name of contributor	One Digital) Employer (See Instructions) One Digital		\$12.50
Principal occur Insurance Ag Date 04/16/2023 Principal occur Insurance Ag Date 05/16/2023	Contributor address; City; State; Zip Code Houston, TX 77043 pation / Job title (See Instructions) pent Full name of contributor	One Digital) Employer (See Instructions) One Digital		\$12.50

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
			Sch: 98/145 Rpt: 101/156
2 FILER NAME National Ass	sociation of Benefit and Insurance Professionals - Te		3 Filer ID (Ethics Commission Filers) 00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
4 Dale 06/16/2023	Raymond, Garrin	/	\$12.50
00/10/2022	6 Contributor address; City; State; Zip Code		
	Houston, TX 77043		
	ipation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance Ag	yent	One Digital	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Reynolds, Caleb		\$12.50
	Contributor address; City; State; Zip Code		
	Austin TV 70740		
Dringinal occu	Austin, TX 78748	Employer (See Instructions)	
Insurance Ag	ipation / Job title (See Instructions) gent	Self)
	-	<u> </u>	
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#: Reynolds, Caleb)	Amount of Contribution (\$) \$12.50
UZIZUIZUZU	-		Ψ±2.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/20/2023	Reynolds, Caleb		\$12.50
	Contributor address; City; State; Zip Code		
	Auctin TV 707/0		
Principal occu	Austin, TX 78748 Ipation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Ag		Self)
Date	-	<u> </u>	Amount of Contribution (\$)
Dale 04/20/2023	Full name of contributor out-of-state PAC (ID#: Reynolds, Caleb)	Amount of Contribution (\$) \$12.50
04/20/2020	Contributor address; City; State; Zip Code		\$12.00
	Continuation address, Gity, State, Zip Code		
	Austin, TX 78748		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag	gent	Self	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 99/145 Rpt: 102/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ociation of Benefit and Insurance Professionals - Te	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/20/2023	Reynolds, Caleb		\$12.
ĺ	6 Contributor address; City; State; Zip Code		
	Austin, TX 78748	· · · · · · · ·	-
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Insurance Ag	lent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/20/2023	Reynolds, Caleb		\$12.
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance Ag		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Richiuso, Christine		\$12.
	Contributor address; City; State; Zip Code		
	Murphy, TX 75094		
Dringing occur	pation / Job title (See Instructions)	Employer (See Instructions	N
Insurance Ag		Employer (See Instructions Self)
-			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Richiuso, Christine		\$12.
	Contributor address; City; State; Zip Code		
	Murphy, TX 75094		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/20/2023	Richiuso, Christine		\$12.
	Contributor address; City; State; Zip Code		
	- · · ·		
	Murphy, TX 75094		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Insurance Ag	jent	Self	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 100/145 Rpt: 103/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National As	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/20/2023	Richiuso, Christine		\$12.50
	6 Contributor address; City; State; Zip Code		
	Murphy, TX 75094		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	9 9
Insurance A		Self	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/20/2023			\$12.50
	Murphy, TX 75094		
	upation / Job title (See Instructions)	Employer (See Instructions	.)
Insurance A	.gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Richiuso, Christine		\$12.50
	Contributor address; City; State; Zip Code		
	Murphy, TX 75094		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	SV
Insurance A		Self)
Date		<u> </u>	Amount of Contribution (\$)
01/20/2023			\$25.00
0112012020	Contributor address; City; State; Zip Code		¥20.00
	El Paso, TX 79912		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance A	gent	Benefit Solutions	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Rios-Carl, Elizabeth		\$25.00
	Contributor address; City; State; Zip Code		
	El Paso, TX 79912		
	upation / Job title (See Instructions)	Employer (See Instructions	.)
Insurance A	.gent	Benefit Solutions	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 101/145 Rpt: 104/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date			7 Amount of Contribution (\$)
03/20/2023	Rios-Carl, Elizabeth		\$25.00
	6 Contributor address; City; State; Zip Code		
1	El Paso, TX 79912		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	δ)
Insurance Ag	gent	Benefit Solutions	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
04/20/2023	Rios-Carl, Elizabeth	,	\$25.00
0			•
1	Continuation address, City, State, Zip Code		
	El Paso, TX 79912		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Insurance Ag		Benefit Solutions	·,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/20/2023	Rios-Carl, Elizabeth	/	\$25.00
00/20/2020	Contributor address; City; State; Zip Code		
	Continuation address, City, State, Zip Code		
	El Paso, TX 79912		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Ag	gent	Benefit Solutions	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Rios-Carl, Elizabeth		\$25.00
	Contributor address; City; State; Zip Code		
	El Paso, TX 79912		
Principal occu Insurance Ag	ipation / Job title (See Instructions) gent	Employer (See Instructions Benefit Solutions	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Rivera, Marisa		\$12.50
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	~\
Insurance Ag		One Digital	>)

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 102/145 Rpt: 105/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
02/20/2023	Rivera, Marisa		\$12.50
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
-	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Insurance Ag		One Digital	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Rivera, Marisa		\$12.50
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Insurance Ag		One Digital	<i>'</i>
Date			Amount of Contribution (\$)
Dale 04/20/2023	Full name of contributor out-of-state PAC (ID#: Rivera, Marisa)	Amount of Contribution (\$) \$12.50
0412012020	Contributor address; City; State; Zip Code		******
	Culturbulur address, City, State, Zip Code		
	McAllen, TX 78501		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Insurance Aç	jent	One Digital	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023	Rivera, Marisa		\$12.50
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Insurance Ag		One Digital	'
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/20/2023	Rivera, Marisa	/	\$12.50
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)
Insurance Ag	gent	One Digital	

The	Instru	ction Guide explains how to complete this f	örm.	1	Total pages Schedule A1: Sch: 103/145 Rpt: 106/150	6
2 FILER	R NAME			3	Filer ID (Ethics Commission	n Filers)
Natio	onal Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
01/20	0/2023	Rivera, Mike				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77040				
8 Princi	ipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Insura	Insurance Agent Newkirk & Newkirk					
Date		Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/20	0/2023	Rivera, Mike				\$100.00
		Contributor address; City; State; Zip Code		1		
Dringi	!	Houston, TX 77040		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions Newkirk & Newkirk	5)		
	rance Aç			—		
Date	0/0000	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u>ቀ100 00</u>
03/20	0/2023					\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77040				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Insura	rance Ag	jent	Newkirk & Newkirk			
Date		Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/20	0/2023	Rivera, Mike				\$100.00
1		Contributor address; City; State; Zip Code]		
		Houston, TX 77040				
Princir	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	rance Ag		Newkirk & Newkirk	.,		
Date		Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/20	0/2023	Rivera, Mike				\$100.00
1		Contributor address; City; State; Zip Code		1		
		Houston, TX 77040	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Insura	rance Aç	jent	Newkirk & Newkirk			

The Instru	uction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 104/145 Rpt: 107/156	6
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	sociation of Benefit and Insurance Professionals - Te			00042577	,
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
06/20/2023	06/20/2023 Rivera, Mike				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Houston, TX 77040				
8 Principal occi	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions				
Insurance A	gent	Newkirk & Newkirk			
Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
01/15/2023	Roberts, Danielle				\$12.50
			1		
	Fort Worth, TX 76108				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Owner		Boomer Benefits			
Date	Full name of contributor out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
02/15/2023		,			\$12.50
	Contributor address; City; State; Zip Code		1		Ŧ
	Fort Worth, TX 76108				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> s)		
Owner		Boomer Benefits			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
03/15/2023		,			\$12.50
	Contributor address; City; State; Zip Code				*
	Continuation address, City, State, Zip Code				
	Fort Worth, TX 76108				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Owner		Boomer Benefits	-,		
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
04/15/2023		/			\$12.50
04/10/2020			-		Ψ12.00
	Contributor address; City; State; Zip Code				
	Fort Worth, TX 76108				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>لـــــ</u>		
Owner		Boomer Benefits	-,		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 105/145 Rpt: 108/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	00042577	
4 Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
05/15/2023	05/15/2023 Roberts, Danielle		\$12
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76108	<u>.</u>	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Owner		Boomer Benefits	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/15/2023	Roberts, Danielle		\$12
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76108		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	3)
Owner		Boomer Benefits	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Robinson, Judith		\$25
	Contributor address; City; State; Zip Code		1
	Tyler, TX 75703		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance A	.gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/20/2023	Robinson, Judith		\$25
1	Contributor address; City; State; Zip Code		1
1			
	Tulor TV 75702		
Dringinal accu	Tyler, TX 75703	Employer (See Instructions	
Insurance A	upation / Job title (See Instructions)	Employer (See Instructions Self	;)
			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023			\$25
1	Contributor address; City; State; Zip Code		
1			
1	Tulor TV 75702		
Dringing and	Tyler, TX 75703		-
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance A	gent	Self	
1			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 106/145 Rpt: 109/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/20/2023	Robinson, Judith				\$25.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
Ļ		Tyler, TX 75703	1	_		
8		Ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance A		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/20/2023					\$25.00
	I	Contributor address; City; State; Zip Code				
	I					
	l	Tyler, TX 75703				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Insurance Ag	,	Self	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	06/20/2023	Robinson, Judith)			\$25.00
	00/20/2020	Contributor address; City; State; Zip Code				Ψ20.00
	I	Contributor address, City, State, Zip Code				
	I					
	I	Tyler, TX 75703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/20/2023	Rolf, Rita				\$12.50
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Allen, TX 75013	1	Ļ		
	•	upation / Job title (See Instructions)	Employer (See Instructions		-	
	Insurance Ag		TexCap Insurance Serv			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷40 F0
	02/20/2023	Rolf, Rita				\$12.50
	I	Contributor address; City; State; Zip Code				
	I					
	I	Allen, TX 75013				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Insurance Ag		TexCap Insurance Serv		S	
-						

National Association of Benefit and Insurance Professionals - Texas PAC 00042 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contributor address; City; State; Zip Code 7 Amount of Contributor address; City; State; Zip Code 7 Amount of Contributor address; City; State; Zip Code 9 Employer (See Instructions) 7 Amount of Contributor address; City; State; Zip Code 7 Amount of Contributor address; City; State; Zip Code 7 Amount of Contributor address; City; State; Zip Code 9 Employer (See Instructions) 7 Amount of Contributor address; City; State; Zip Code TexCap Insurance Services Principal occupation / Job title (See Instructions) Employer (See Instructions) TexCap Insurance Services TexCap	D (Ethics Commission Filers) 2577 Int of Contribution (\$) \$12.50 Int of Contribution (\$) \$12.50
03/20/2023 Rolf, Rita 6 Contributor address; City; State; Zip Code Allen, TX 75013 9 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount Amount 04/20/2023 Rolf, Rita	\$12.50
6 Contributor address; City; State; Zip Code Allen, TX 75013 9 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount out-of-state PAC (ID#:) 04/20/2023 Rolf, Rita Contributor address; City; State; Zip Code Amount out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) TexCap Insurance Services Employer (See Instructions) TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Amount out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Amount out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Amount out-of-state PAC (ID#:) 05/20/2023 Rolf, Rita Out-of-state PAC (ID#:) Amount out-of-state PAC (ID#:)	
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount Amount Contributor address; City; State; Zip Code Allen, TX 75013 Allen, TX 75013 Employer (See Instructions) Employer (See Instructions) TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Allen, TX 75013 Employer (See Instructions) TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 05/20/2023 Rolf, Rita Amount	
Insurance Agent TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount 04/20/2023 Rolf, Rita	
04/20/2023 Rolf, Rita Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor 05/20/2023 Rolf, Rita	
04/20/2023 Rolf, Rita Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor 05/20/2023 Rolf, Rita	
Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor 05/20/2023 Rolf, Rita	
Allen, TX 75013 Employer (See Instructions) Insurance Agent Employer (See Instructions) TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) 05/20/2023 Rolf, Rita	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) 05/20/2023 Rolf, Rita	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount 05/20/2023 Rolf, Rita Full name of contributor Amount	
Insurance Agent TexCap Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount 05/20/2023 Rolf, Rita Amount	
Date Full name of contributor out-of-state PAC (ID#:) Amoun 05/20/2023 Rolf, Rita Image: Contribution of the state pack of the stat	
05/20/2023 Rolf, Rita	
	Int of Contribution (\$)
	\$12.50
Contributor address; City; State; Zip Code	
Allen, TX 75013	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent TexCap Insurance Services	
	Int of Contribution (\$)
06/20/2023 Rolf, Rita	\$12.50
Contributor address; City; State; Zip Code	
Allen, TX 75013	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent TexCap Insurance Services	
	int of Contribution (\$)
01/20/2023 Scott, Nicole Contributor address; City; State; Zip Code	\$12.50
San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Sales	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 108/145 Rpt: 111/156	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
National Asso	ociation of Benefit and Insurance Professionals - Te		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/20/2023	Scott, Nicole			\$12.50
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance Sa	ales			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Scott, Nicole			\$12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Sa	ales			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/20/2023	Scott, Nicole			\$12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Sa	ales			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2023	Scott, Nicole		\$	\$12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Sa	ıles			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2023	Scott, Nicole		\$	\$12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Sa	ıles			

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 109/145 Rpt: 112/156	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurance Professionals - T	exas PAC		00042577	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	03/20/2023	Shappell, Trace				\$75.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Longview, TX 75606				
8	-	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A			-		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	01/15/2023	Sherman, Joe				\$12.50
		Contributor address; City; State; Zip Code				
		Dallas, TX 75248				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Insurance A		The Insurance Exchang			
╞	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	02/15/2023	Sherman, Joe	·		,	\$12.50
		Contributor address; City; State; Zip Code				
		Dallas, TX 75248				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	The Insurance Exchang	e		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	03/15/2023	Sherman, Joe				\$12.50
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75248				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)		
	Insurance A		The Insurance Exchange	·		
╞					Associated Contribution (\$)	
	Date 04/15/2023	Full name of contributor out-of-state PAC (ID#: Sherman, Joe	:)		Amount of Contribution (\$)	\$12.50
						Φ12.50
		Contributor address; City; State; Zip Code				
		Dallas, TX 75248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	The Insurance Exchang	e		
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is Contributor address; City; State; Zip Code Dallas, TX 75248 Principal occupation / Job title (See Instructions) Insurance Agent Insurance Exchange Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) Sherman, Joe Sherman, Joe \$12.50 Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75248 Employer (See Instructions) Insurance Agent The Insurance Exchange Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution address; City; State; Zip Code	The Instruction Guide explains how to complete this form. Sch: 110/145 Rp: 113/156 2 FLER NAME 3 Fler JD (Elics commission Filers) National Association of Benefit and Insurance Professionals - Texas PAC 3 Fler JD (Elics commission Filers) 05/15/2021 \$ Full name of contributor out-of-state PAC (Dz:				_		
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full mame of contribution out-of-state PAC (Der) 7 Amount of Contribution (\$) 05/15/2023 6 Contributor address; City, State, Zip Code 7 Amount of Contribution (\$) 08/15/2023 Full name of contributor 9 Employer (See Instructions) Insurance Agent 7 Amount of Contribution (\$) 06/15/2023 Sherman, Joe 9 Employer (See Instructions) Insurance Agent 7 Amount of Contribution (\$) 06/15/2023 Sherman, Joe 0 out-of-state PAC (Der	National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full mame of contributor out-of-state PAC (Der	The Instruct	tion Guide explains how to complete this f	orm.	1		
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full mame of contributor oxt-of-state PAC (Der	National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor out-of-state PAC (Der) 7 Amount of Contribution (\$) 9 Sherman, Joe 5 Contributor address; City; State; Zip Code 5 5 9 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) 9 Insurance Agent 0x4of-state PAC (Der	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
05/15/2023 Sherman, Joe St2.50 6 Contributor address; City; State; Zip Code St2.50 7 Berployer (See Instructions) Deltes, TX 75248 7 The Insurance Exchange Amount of Contribution (3) 9 Employer (See Instructions) Amount of Contribution (3) 06/15/2023 Sherman, Joe Sterman, Joe 06/15/2023 Sherman, Joe Amount of Contribution (3) 06/15/2023 Sherman, Joe Amount of Contribution (3) 06/15/2023 Sherman, Joe State; Zip Code 1 Dallas, TX 75248 Amount of Contribution (3) 9 Full name of contributor out-of-state PAC (Der 01/20/2023 Smith, Craig Amount of Contribution (8) 01/20/2023 Full name of contributor out-of-state PAC (Der 1 Tyler, TX 75703 Employer (See Instructions) 1 Full name of contributor out-of-state PAC (Der 02/20/2023 Smith, Craig Amount of Contributor 02/20/2023 Smith, Craig Amount of Contributor 02/20/2023 Smith, Craig Amount of Contribution (8) 02	05/15/2023 Sherman, Joe \$12.50 6 Contribution address; City; State; Zip Code \$12.50 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 1 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (S) 06/15/2023 Full name of contributor out-of-state PAC (Der. Amount of Contribution (S) 06/15/2023 Sherman, Joe Employer (See Instructions) S12.50 Date Odi 15/2023 Site (See Instructions) The Insurance Exchange Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) 1nsurance Agent out-of-state PAC (Der. Amount of Contribution (S) \$12.50 01/20/2023 Full name of contributor out-of-state PAC (Der. Amount of Contribution (S) \$12.50 02/20/2023 Smith, Craig Employer (See Instructions) Ark Assurance Amount of Contribution (S) \$12.50 02/20/2023 Smith, Craig out-of-state PAC (Der. Amount of Contribution (S) \$12.50 02/20/2023 Smith, Craig contributor out-of-		ociation of Benefit and Insurance Professionals - Te	exas PAC			
6 Contributor address; City: State; Zip Code Dallas, TX 75248 9 Employer (See Instructions) Insurance Agent The Insurance Exchange Dale Full name of contributor out-of-state PAC (DE:	6 Contributor address: City: State: Zip Code Dallas, TX 75248 9 8 Principal occupation / Job title (See Instructions) Insurance Agent Preprincipal occupation / Job title (See Instructions) The Insurance Exchange Date Full name of contributor out-of-state PAC (Der	4 Date 5	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 7 Principal occupation / Job title (See Instructions) 1 Insurance Agent 0ate Full name of contributor 06/15/2023 Full name of contributor 06/15/2023 Full name of contributor 06/15/2023 Sterman, Joe Contributor address; City; State; Zip Code Amount of Contribution (\$) 1 Data 06/15/2023 Full name of contributor 01/20/2023 Full name of contributor 01/20/2023 Full name of contributor 01/20/2023 Smith, Craig 01/20/2023 Full name of contributor 02/20/2023 Smith, Craig 0ate Contributor address; City; State; Zip Code Tyler, TX 7570		05/15/2023					\$12.50
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		Principal occup	-	Employer (See Instructions	⊥ s)		
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/20/2023	Smith, Craig		\$12.50
	6 Contributor address; City; State; Zip Code		
	- · ·		
	Tyler, TX 75703		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance Ag	gent	Ark Assurance	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/20/2023	Smith, Craig	/	\$12.50
00/20/2020			¥±2.00
	Contributor address; City; State; Zip Code		
	Tyler, TX 75703		
Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	A
-		Ark Assurance)
Insurance Ag			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Smith, Craig		\$12.50
	Contributor address; City; State; Zip Code		
	Tyler, TX 75703		
	pation / Job title (See Instructions)	Employer (See Instructions)	
Insurance Aç	gent	Ark Assurance	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Smith, Mike		\$25.00
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75057		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	l ()
Insurance Ag		The Brokerage, Inc.	,
			Amount of Contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	/	Amount of Contribution (\$) \$25.00
02/20/2023	Smith, Mike		Φ20.00
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75057		-
	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag	gent	The Brokerage, Inc.	

The Instruc	tion Cuido ovaloino how to complete this f	orm	1 Total pages Schedule A1:	
The instruc	tion Guide explains how to complete this f	orm.	Sch: 112/145 Rpt: 115/156	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	ociation of Benefit and Insurance Professionals - Te	xas PAC	00042577	
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/20/2023	Smith, Mike			\$25.00
	6 Contributor address; City; State; Zip Code			
	Lewisville, TX 75057			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance Ag	ent	The Brokerage, Inc.		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/20/2023	Smith, Mike			\$25.00
ľ	Contributor address; City; State; Zip Code			
	-			
	Lewisville, TX 75057			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag	ent	The Brokerage, Inc.		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/20/2023	05/20/2023 Smith, Mike			\$25.00
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Dringing oppur	Lewisville, TX 75057	Employer (See Instructions)	A	
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Insurance Ag	pation / Job title (See Instructions) Jent	Employer (See Instructions) The Brokerage, Inc.		
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Insurance Ag Date 06/20/2023	pation / Job title (See Instructions) pent Full name of contributor out-of-state PAC (ID#:_ Smith, Mike Contributor address; City; State; Zip Code Lewisville, TX 75057 pation / Job title (See Instructions)	The Brokerage, Inc.	Amount of Contribution (\$)	\$25.00
Insurance Ag Date 06/20/2023 Principal occup	pation / Job title (See Instructions) pent Full name of contributor out-of-state PAC (ID#:_ Smith, Mike Contributor address; City; State; Zip Code Lewisville, TX 75057 pation / Job title (See Instructions)	The Brokerage, Inc.	Amount of Contribution (\$)	\$25.00
Insurance Ag Date 06/20/2023 Principal occup Insurance Ag	pation / Job title (See Instructions) Jent Full name of contributor out-of-state PAC (ID#:_ Smith, Mike Contributor address; City; State; Zip Code Lewisville, TX 75057 pation / Job title (See Instructions) Jent	The Brokerage, Inc.	Amount of Contribution (\$)	
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Insurance Ag Date 06/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Smith, Mike Contributor address; City; State; Zip Code Lewisville, TX 75057 pation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Snyder, Stephen Contributor address; City; State; Zip Code	The Brokerage, Inc.	Amount of Contribution (\$)	
Insurance Ag Date 06/20/2023 Principal occup Insurance Ag Date 01/09/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Smith, Mike Contributor address; City; State; Zip Code Lewisville, TX 75057 Dation / Job title (See Instructions) gent Full name of contributor Out-of-state PAC (ID#:_ Snyder, Stephen Contributor address; City; State; Zip Code Dallas, TX 75231	The Brokerage, Inc.	Amount of Contribution (\$)	
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 113/145 Rpt: 116/156	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/09/2023	Snyder, Stephen				\$12.50
		6 Contributor address; City; State; Zip Code]		
		Dallas, TX 75231				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Insurance A	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/09/2023	Snyder, Stephen				\$12.50
		Contributor address; City; State; Zip Code		1		
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	04/09/2023					\$12.50
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	05/09/2023	Snyder, Stephen				\$12.50
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		Dallas, TX 75231				
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Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/09/2023	Snyder, Stephen				\$12.50
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date			7 Amount of Contribution (\$)
01/25/2023	Southan, Tamela		\$50.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75218-4320		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/25/2023	Southan, Tamela		\$50.00
	Contributor address; City; State; Zip Code		
Dringing oogu	Dallas, TX 75218-4320		
Principal occu Insurance A	upation / Job title (See Instructions)	Employer (See Instructions) Self	·)
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Date 03/25/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$50.00
0312312023	Southan, Tamela		φου.υυ
	Contributor address; City; State; Zip Code		
	Dallas, TX 75218-4320		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/25/2023	Southan, Tamela		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75218-4320		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ;)
Insurance A		Self	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/25/2023	Southan, Tamela		\$50.00
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	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 115/145 Rpt: 118/156	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurance Profession	nals - Te	xas PAC		00042577	
4	Date	5 Full name of contributor Out-of-state P	PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/25/2023	Southan, Tamela		ļ			\$50.00
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	01/20/2023	Splawn, W. Craig					\$30.00
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		Houston, TX 77077	,		Ĺ		
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Γ	Date	Full name of contributor Out-of-state P	PAC (ID#:_)	T	Amount of Contribution (\$)	
	02/20/2023	Splawn, W. Craig					\$30.00
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		Houston, TX 77077		•			
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	Insurance A	jent		Splawn & Associates			
Γ	Date	Full name of contributor out-of-state P	PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/20/2023	Splawn, W. Craig		,			\$30.00
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		Houston, TX 77077		· · · · · · · · · · · · · · · · · · ·			
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	Insurance Ag	Jent		Splawn & Associates			
F	Date	Full name of contributor out-of-state P	PAC (ID#:)	T	Amount of Contribution (\$)	
	04/20/2023	Splawn, W. Craig		,			\$30.00
	I	Contributor address; City; State; Zip Code			1		
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		Houston, TX 77077					
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date 05/20/2023	5 Full name of contributor out-of-state PAC (ID#: Splawn, W. Craig)	7 Amount of Contribution (\$)\$30.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77077		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance A	gent	Splawn & Associates	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Splawn, W. Craig		\$30.00
	Contributor address; City; State; Zip Code		1
	-		
	Houston, TX 77077		l
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Splawn & Associates	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Spragins, Jackie		\$25.00
	Contributor address; City; State; Zip Code		1
	Wichita Falls, TX 76307		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Spragins, Jackie		\$25.00
	Contributor address; City; State; Zip Code		1
	Wichita Falls, TX 76307		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Spragins, Jackie		\$25.00
	Contributor address; City; State; Zip Code		1
	-		
	Wichita Falls, TX 76307		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 117/145 Rpt: 120/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/20/2023	Spragins, Jackie		\$25.00
	6 Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76307		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/20/2023	Spragins, Jackie		\$25.00
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76307		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Insurance A		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Spragins, Jackie	/	\$25.00
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76307		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)
Insurance A		Self	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Stair, B. Gene	,	\$7.50
<u>, , , , , , , , , , , , , , , , , , , </u>	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Austin, TX 78738		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	 ()
Insurance A		Stair & Associates LLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Stair, B. Gene	/	\$7.50
01,20,2022	Contributor address; City; State; Zip Code		
	Continuutor address, City, State, Zip Code		
	Austin, TX 78738		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()
Insurance A		Stair & Associates LLC	,
1			

The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 118/145 Rpt: 121/156	
2 FILER NAME			_	Filer ID (Ethics Commission	
	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
03/20/2023	Stair, B. Gene				\$7.50
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78738		Ĺ		
	upation / Job title (See Instructions)	9 Employer (See Instructions Stair & Associates LLC			
Insurance Ag	-				
Date)		Amount of Contribution (\$)	÷7 50
04/20/2023					\$7.50
	Contributor address; City; State; Zip Code				
	Austin, TX 78738				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
Insurance Ag		Stair & Associates LLC	5)		
Date	-		—	Amount of Contribution (\$)	
05/20/2023	Full name of contributor out-of-state PAC (ID#: Stair, B. Gene)			\$7.50
0012012020	Contributor address; City; State; Zip Code		-		Ψ1.00
	Contributor address, City, State, Zip Code				
	Austin, TX 78738				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance A	gent	Stair & Associates LLC			
Date	Full name of contributor out-of-state PAC (ID#:_)	\Box	Amount of Contribution (\$)	
06/20/2023	Stair, B. Gene				\$7.50
	Contributor address; City; State; Zip Code		1		
Duin single ages	Austin, TX 78738		Ĺ		
Principal occu Insurance Ag	upation / Job title (See Instructions)	Employer (See Instructions Stair & Associates LLC			
	-				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢10 E0
01/20/2023	Stanley, Jennifer				\$12.50
	Contributor address; City; State; Zip Code				
	Frisco, TX 75033				
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	 s)		
Insurance Ag		Marsh & McLennan			
	<u> </u>				

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The Instru	ction Guide explains how to complete this f	iorm.		Total pages Schedule A1: Sch: 119/145 Rpt: 122/156	
2 FILER NAME			_	Filer ID (Ethics Commission	
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
02/20/2023	Stanley, Jennifer				\$12.50
	6 Contributor address; City; State; Zip Code		1		
2 Duin single age	Frisco, TX 75033		Ĺ		
	upation / Job title (See Instructions)	9 Employer (See Instructions Marsh & McLennan	5)		
Insurance A					
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	***
03/20/2023					\$12.50
	Contributor address; City; State; Zip Code				
	Frisco, TX 75033				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ر)</u>		
Insurance A	,	Marsh & McLennan	3)		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
04/20/2023	Stanley, Jennifer	/			\$12.50
0 112012022	Contributor address; City; State; Zip Code		·		¥±E . e c
	Frisco, TX 75033				
-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Insurance A	gent	Marsh & McLennan			
Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
05/20/2023	Stanley, Jennifer				\$12.50
	Contributor address; City; State; Zip Code	,	1		
Dringing oog	Frisco, TX 75033	Employer (Cool Instructions	<u> </u>		
Insurance A	upation / Job title (See Instructions)	Employer (See Instructions Marsh & McLennan	5)		
	-				
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u>ቀ10 E0</u>
06/20/2023	Stanley, Jennifer				\$12.50
	Contributor address; City; State; Zip Code				
	Frisco, TX 75033				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
Insurance A		Marsh & McLennan	,		
		<u> </u>			

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 120/145 Rpt: 123/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filer)	lers)
	sociation of Benefit and Insurance Professionals - To		00042577	
4 Date	Date 5 Full name of contributor Image: out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
01/03/2023	Stockstill, Beckie			\$12.50
	6 Contributor address; City; State; Zip Code			
	Deer Park, TX 77536			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)	
02/03/2023	Stockstill, Beckie			\$12.50
	Contributor address; City; State; Zip Code			
	Deer Park, TX 77536			
-	upation / Job title (See Instructions)	Employer (See Instructions		_
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/03/2023	Stockstill, Beckie			\$12.50
	Contributor address; City; State; Zip Code			
	Deer Park, TX 77536			
	upation / Job title (See Instructions)	Employer (See Instructions Self	.)	
Insurance A	-			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/03/2023	Stockstill, Beckie			\$12.50
	Contributor address; City; State; Zip Code			
	Deer Park, TX 77536			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
05/03/2023	Stockstill, Beckie			\$12.50
	Contributor address; City; State; Zip Code			
	Deer Park, TX 77536			
	ipation / Job title (See Instructions)	Employer (See Instructions	·)	
Insurance A	gent	Self		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 121/145 Rpt: 124/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/03/2023	Stockstill, Beckie		\$12.5
	6 Contributor address; City; State; Zip Code		
	Deer Park, TX 77536		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Stokes Lee, Susan		\$25.0
	Spring, TX 77389		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	3)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Stokes Lee, Susan		\$25.0
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
-	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/20/2023	Stokes Lee, Susan		\$25.0
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Insurance A		Self	, ,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2023	Stokes Lee, Susan		\$25.0
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	3)
Insurance A	gent	Self	

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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 122/145 Rpt: 125/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	,
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
05/20/2023	Stokes Lee, Susan		\$25	5.00
	6 Contributor address; City; State; Zip Code			
	Spring, TX 77389	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Insurance Ag		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2023	Stokes Lee, Susan		\$25	5.00
	Contributor address; City; State; Zip Code			
	Chrine TV 77200			
Dringing occur	Spring, TX 77389 pation / Job title (See Instructions)	Employer (See Instructions	A	
Principal occup Insurance Ag	· · · · · · · · · · · · · · · · · · ·	Self)	
			· - · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	0
01/20/2023			\$12	2.50
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag		Self)	
Date	- 		Amount of Contribution (\$)	
02/20/2023	Full name of contributor out-of-state PAC (ID#: Stubbs, Clifton)		2.50
0212012020			Ψ14	2.50
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance Ag	yent	Self		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Stubbs, Clifton			2.50
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.)	
Insurance Ag	jent	Self		

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

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	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 124/145 Rpt: 127/156	
2	FILER NAME			3	Filer ID (Ethics Commission	
	National Ass	sociation of Benefit and Insurance Professionals -	Texas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	03/20/2023	Sullivan, Audra				\$6.25
		6 Contributor address; City; State; Zip Code		1		
		1	,			
		1	,			
_	- ' '!	Arlington, TX 76006		ŕ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag		Vogue Insurance	_		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	÷0.05
	04/20/2023	Sullivan, Audra				\$6.25
		Contributor address; City; State; Zip Code	,			
		1	,			l
		Arlington, TX 76006	,			
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	()		
	Insurance A		Vogue Insurance	2)		
╞	Date	Full name of contributor Out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	05/20/2023	Sullivan, Audra	£/			\$6.25
	00/20,2	Contributor address; City; State; Zip Code				* *·
			,			
		1	,			
_		Arlington, TX 76006		_		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Vogue Insurance			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Ī	Amount of Contribution (\$)	
	06/20/2023	Sullivan, Audra	,			\$6.25
		Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
		1	,			
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⊢	Drincipal OCCL	Arlington, TX 76006 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Principal occu Insurance Ag		Vogue Insurance	3)		
╘		-		ᆕ		
	Date 01/20/2023	Full name of contributor out-of-state PAC (ID# Swanson, Cynthia	#:) /		Amount of Contribution (\$)	\$12.50
	ULIZUIZUZU	-				Φ τζ.ου
		Contributor address; City; State; Zip Code	,			
		1	,			
		Tyler, TX 75711	,			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		Hibbs Hallmark & Comp		ıy	
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	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 125/145 Rpt: 128/156	
2	FILER NAME			3 Filer ID (Ethics Commission Filers	3)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	02/20/2023	Swanson, Cynthia		\$12	2.50
	I	6 Contributor address; City; State; Zip Code		1	
_		Tyler, TX 75711	- · · · · · · · · · · · · · · · · · · ·		
8		upation / Job title (See Instructions)	9 Employer (See Instructions		
	Insurance Ag		Hibbs Hallmark & Comp	-	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	=-
	03/20/2023	Swanson, Cynthia		\$12	2.50
		Contributor address; City; State; Zip Code			
		Tyler, TX 75711			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Insurance Ag		Hibbs Hallmark & Comp		
_	Date			Amount of Contribution (\$)	
	04/20/2023	Full name of contributor out-of-state PAC (ID#: Swanson, Cynthia)		2.50
	0412012020	Contributor address; City; State; Zip Code		· · ·	2.00
		Contributor address, Gity, State, Zip Code			
		Tyler, TX 75711			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	,	
	Insurance A	gent	Hibbs Hallmark & Comp	Jany	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	05/20/2023	Swanson, Cynthia		\$12	2.50
	I	Contributor address; City; State; Zip Code			
⊢	Dringing ago	Tyler, TX 75711			
	Principal occu Insurance Ag	upation / Job title (See Instructions)	Employer (See Instructions Hibbs Hallmark & Comp		
╘				-	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	2 50
	06/20/2023	Swanson, Cynthia		φ±2	2.50
		Contributor address; City; State; Zip Code			
		Tyler, TX 75711			
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Insurance Ag		Hibbs Hallmark & Comp		
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 126/145 Rpt: 129/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/20/2023	Sypert, Steve		\$12
	6 Contributor address; City; State; Zip Code		1
	Lubbock, TX 79464		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/20/2023	Sypert, Steve		\$12
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79464		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Sypert, Steve		\$12
	Contributor address; City; State; Zip Code		1
Duto single equi	Lubbock, TX 79464		<u> </u>
Principal occu Insurance Ag	ipation / Job title (See Instructions)	Employer (See Instructions Self	;)
	- 		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2023			\$12
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79464		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/20/2023	Sypert, Steve		\$12
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79464		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance Ag	gent	Self	

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2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	sociation of Benefit and Insurance Professionals - T	exas PAC	00042577	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/20/2023	Sypert, Steve			\$12.50
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79464			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	.)	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/21/2023	Theesfeld, Angela			\$12.50
	San Antonio, TX 78258			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance A		Self	,	
Date	Full name of contributor out-of-state PAC (ID#:	.)	Amount of Contribution (\$)	
02/21/2023	Theesfeld, Angela	·/		\$12.50
				Ψ <u>τ</u> <u>ι</u>
	Continuation address, City, State, Zip Code			
	San Antonio, TX 78258			
Principal occu	Lupation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance A		Self	, ,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/21/2023	Theesfeld, Angela	·		\$12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Insurance A	,	Self	, ,	
Date	Full name of contributor out-of-state PAC (ID#:	.)	Amount of Contribution (\$)	
04/21/2023	Theesfeld, Angela	·/		\$12.50
	Contributor address; City; State; Zip Code			*
	San Antonio, TX 78258			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance A		Self)	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 128/145 Rpt: 131/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/21/2023	Theesfeld, Angela		\$12.50
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78258		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	δ)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/21/2023	Theesfeld, Angela		\$12.50
			1
	San Antonio, TX 78258		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Thorne, Roblyn		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78749		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Thorne, Roblyn		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78749		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Thorne, Roblyn		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78749		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
		·	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 129/145 Rpt: 132/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
04/20/2023	Thorne, Roblyn		\$12.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78749		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023	Thorne, Roblyn		\$12.
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Thorne, Roblyn		\$12.
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023	Trebing, C. Louanne		\$25.0
	Contributor address; City; State; Zip Code		
	Garland, TX 75042		
	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance Ag		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Trebing, C. Louanne		\$25.0
	Contributor address; City; State; Zip Code		
	Garland, TX 75042		
Bringinal occur		Employer (See Instructions)	<u> </u>
Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions) Self)
1			

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 130/145 Rpt: 133/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	ers)
	sociation of Benefit and Insurance Professionals - Te		00042577	- /
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/20/2023	5.		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Garland, TX 75042			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	i ;)	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/20/2023	Trebing, C. Louanne	/		25.00
	-			20.0 -
	Contributor address; City; State; Zip Code			
	Garland, TX 75042			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
Insurance A		Self	7	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	00
05/20/2023		ļ	۵4	25.00
	Contributor address; City; State; Zip Code			
	Garland, TX 75042	·		
	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Insurance A	.gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/20/2023	Trebing, C. Louanne		\$2	25.00
	Contributor address; City; State; Zip Code			
	Garland, TX 75042			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
01/11/2023			.,	12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78233			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ۱)	
Insurance A		Davidson Camp Insuran		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 131/145 Rpt: 134/156	
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filer	rs)
National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/11/2023	Vasquez Ramirez, Valeria		\$1	12.50
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78233	<u> </u>		
	pation / Job title (See Instructions)	9 Employer (See Instructions	·	
Insurance Ag		Davidson Camp Insurar		
Date	—)	Amount of Contribution (\$)	
03/11/2023			\$1	12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78233			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Insurance Ag		Davidson Camp Insurar	,	
Date 04/11/2023	Full name of contributor out-of-state PAC (ID#: Vasquez Ramirez, Valeria)	Amount of Contribution (\$)	12.50
04/11/2023			Ψ± 	12.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78233			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Insurance Ag	jent	Davidson Camp Insurar	nce Services, LLC	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
05/11/2023	Vasquez Ramirez, Valeria		\$1	12.50
	Contributor address; City; State; Zip Code			
Dringing oppu	San Antonio, TX 78233			
Principal occup Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions Davidson Camp Insurar		
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	10 50
06/11/2023	Vasquez Ramirez, Valeria		τ¢	12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78233			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Insurance Ag		Davidson Camp Insurar		
	<u></u>	· ·		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 132/145 Rpt: 135/156
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
National As	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/20/2023	Villagran, Denise		\$25.0
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Villagran, Denise		\$25.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Insurance A	.gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/20/2023	Villagran, Denise		\$25.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance A	.gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/20/2023	Villagran, Denise		\$25.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Insurance A	· · · · ·	Self	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/20/2023		,	\$25.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)
Insurance A	gent	Self	
		<u>I</u>	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
	-		Sch: 133/145 Rpt: 136/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/20/2023	Villagran, Denise		\$25.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Insurance A		Self)
			Amount of Contribution (\$)
Date 01/18/2023	Full name of contributor out-of-state PAC (ID#: Waldron, Gary)	Amount of Contribution (\$) \$12.5(
01/10/2020	-		\$12.0
	Contributor address; City; State; Zip Code		
	Hurst, TX 76054		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)))
Account Exe	ecutive	GBE&W Benefits	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/18/2023	Waldron, Gary		\$12.50
	Contributor address; City; State; Zip Code		
	Hurst, TX 76054		
	upation / Job title (See Instructions)	Employer (See Instructions))
Account Exe		GBE&W Benefits	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/18/2023	Waldron, Gary		\$12.50
	Contributor address; City; State; Zip Code		
	Hurst, TX 76054		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	()
Account Exe		GBE&W Benefits	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/18/2023		/	\$12.50
	Contributor address; City; State; Zip Code		
	Hurst, TX 76054		
-	upation / Job title (See Instructions)	Employer (See Instructions))
Account Exe	ecutive	GBE&W Benefits	

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 134/145 Rpt: 137/156	
2	FILER NAME			3 Filer ID (Ethics Commission Filer)	rs)
_		sociation of Benefit and Insurance Professionals - 1	Fexas PAC	00042577	3)
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
	05/18/2023	Waldron, Gary		\$1	12.50
	!	6 Contributor address; City; State; Zip Code		1	l
	1				l
	1				l
	1	Hurst, TX 76054			l
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Account Exe	cutive	GBE&W Benefits		
F	Date	Full name of contributor out-of-state PAC (ID#	 #:)	Amount of Contribution (\$)	
	06/18/2023	Waldron, Gary	·		12.50
					!
	,				ļ
	1				1
	1	Hurst, TX 76054			1
┢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Account Exe		GBE&W Benefits	,	
⊨	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of Contribution (\$)	
	01/20/2023	Walker, Kenneth	·		25.00
	1				
	1				
	1	Austin, TX 79721			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Owner		Nexus Insurance Marke	eting	
⊨	Date	Full name of contributor out-of-state PAC (ID#	 #:)	Amount of Contribution (\$)	
	02/20/2023	Walker, Kenneth	·		25.00
		Contributor address; City; State; Zip Code			
	1				
		Austin, TX 79721			
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Owner	•	Nexus Insurance Marke		
⊨	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
	03/20/2023	Walker, Kenneth	·,		25.00
	00,20,2	Contributor address; City; State; Zip Code			
		Continuation address, City, State, Zip Code			
		Austin, TX 79721			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Owner	parent, 502 (Nexus Insurance Marke		
<u> </u>					

The Instru	uction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 135/145 Rpt: 138/156		
2 FILER NAME	E		3 Filer ID (Ethics Commission File	ers)
National As	ssociation of Benefit and Insurance Professionals - T	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/20/2023			\$	\$25.00
	6 Contributor address; City; State; Zip Code		•	
	Austin, TX 79721			
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions		
Owner		Nexus Insurance Marke	eting	
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)	
05/20/2023			\$	\$25.00
	Contributor address; City; State; Zip Code		1	
		I		
	Austin, TX 79721			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner		Nexus Insurance Marke	eting	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/20/2023	Walker, Kenneth		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 79721			
-	cupation / Job title (See Instructions)	Employer (See Instructions		
Owner		Nexus Insurance Marke	:ting	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/23/2023	Wallace, Kasey		\$	\$12.50
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77041	-		
	cupation / Job title (See Instructions)	Employer (See Instructions	5)	
Account Ex	.ecutive	Kilpatrick Companies		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/23/2023	B Wallace, Kasey		\$	\$12.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77041	-		
-	cupation / Job title (See Instructions)	Employer (See Instructions	5)	
Account Ex	ecutive	Kilpatrick Companies		

The Instruction Guide explains h	ow to complete this f	orm.	1	Total pages Schedule A1: Sch: 136/145 Rpt: 139/156	
2 FILER NAME			3	Filer ID (Ethics Commission I	Filers)
National Association of Benefit and Ins	urance Professionals - Te	exas PAC		00042577	-
4 Date 5 Full name of contributor 03/23/2023 Wallace, Kasey 6 Contributor address; City	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$12.50
Houston, TX 77041					
8 Principal occupation / Job title (See Instruct	ons)	9 Employer (See Instructions	5)		
Account Executive		Kilpatrick Companies	_		
Date Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/23/2023 Wallace, Kasey					\$12.50
Contributor address; City					
Houston, TX 77041			ŕ		
Principal occupation / Job title (See Instruct	ons)	Employer (See Instructions	3)		
Account Executive		Kilpatrick Companies	—		
Date Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/23/2023 Wallace, Kasey	I				\$12.50
Contributor address; City	"; State; Zip Code				
Houston, TX 77041					
Principal occupation / Job title (See Instruct	ions)	Employer (See Instructions	5)		
Account Executive		Kilpatrick Companies			
Date Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/23/2023 Wallace, Kasey					\$12.50
Contributor address; City	r; State; Zip Code				
Houston, TX 77041					
Principal occupation / Job title (See Instruct	ions)	Employer (See Instructions	;)		
Account Executive		Kilpatrick Companies			
Date Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
01/20/2023 Waller, Doris	-				\$12.50
	" Stata: Zin Cada				
Contributor address; City					
Richardson, TX 75081	· · · ·				
	· · · ·	Employer (See Instructions Pan-American Benefits 3		lutions	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 137/145 Rpt: 140/156	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/20/2023	Waller, Doris		\$1	.2.50
	6 Contributor address; City; State; Zip Code			
	Richardson, TX 75081	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance Ag		Pan-American Benefits		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/20/2023	Waller, Doris		\$1	.2.50
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance Ag		Pan-American Benefits	·	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Amount of Contribution (\$)	
04/20/2023	Waller, Doris			.2.50
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
	pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag	ent	Pan-American Benefits	-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/20/2023	Waller, Doris		\$1	.2.50
	Contributor address; City; State; Zip Code			
	Richardson, TX 75081			
Principal occur	Richardson, TX 75081 pation / Job title (See Instructions)	Emplover (See Instructions))	
Principal occur Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions Pan-American Benefits		
	pation / Job title (See Instructions) gent	Pan-American Benefits	Solutions	
Insurance Ag	pation / Job title (See Instructions) gent	Pan-American Benefits	Solutions Amount of Contribution (\$)	.2.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:	Pan-American Benefits	Solutions Amount of Contribution (\$)	2.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Waller, Doris	Pan-American Benefits	Solutions Amount of Contribution (\$)	.2.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Waller, Doris Contributor address; City; State; Zip Code	Pan-American Benefits	Solutions Amount of Contribution (\$)	.2.50
Insurance Ag Date 06/20/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Waller, Doris Contributor address; City; State; Zip Code Richardson, TX 75081	Pan-American Benefits	Solutions Amount of Contribution (\$) \$1	.2.50
Insurance Ag Date 06/20/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Waller, Doris Contributor address; City; State; Zip Code Richardson, TX 75081 pation / Job title (See Instructions)	Pan-American Benefits	Solutions Amount of Contribution (\$) \$1	.2.50

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 138/145 Rpt: 141/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
01/17/2023	Wallin, Johnny		\$12.50
	6 Contributor address; City; State; Zip Code		
	Kennedale, TX 76060		
	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>)</i>)
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/17/2023	Wallin, Johnny		\$12.50
	Contributor address; City; State; Zip Code		
	Kennedale, TX 76060		
	upation / Job title (See Instructions)	Employer (See Instructions	<i>)</i>)
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/17/2023	Wallin, Johnny		\$12.50
	Contributor address; City; State; Zip Code		
	Kennedale, TX 76060		-
-	Ipation / Job title (See Instructions)	Employer (See Instructions	.)
Insurance Ag	jent 	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/17/2023	Wallin, Johnny		\$12.50
	Contributor address; City; State; Zip Code		
	Kennedale, TX 76060		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Insurance Ag		Self)
	-		Amount of Contribution (\$)
Date 05/17/2023	Full name of contributor out-of-state PAC (ID#: Wallin, Johnny)	Amount of Contribution (\$) \$12.50
00/11/2020	-		ΨI2.50
	Contributor address; City; State; Zip Code		
	Kennedale, TX 76060		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ;)
Insurance Ag		Self	,
		~ -	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 139/145 Rpt: 142/156	
2 FILER NAME	PILER NAME		3 Filer ID (Ethics Commission Filer	ers)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
06/17/2023	06/17/2023 Wallin, Johnny			512.50
	6 Contributor address; City; State; Zip Code			
	Kennedale, TX 76060			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance Ag	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/20/2023	Wild, Trei			512.50
	Contributor address; City; State; Zip Code			
	Plano, TX 75025			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Aç	gent	Protect Plans		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/20/2023	Wild, Trei			512.50
	Plano, TX 75025			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag	gent	Protect Plans		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/20/2023	Wild, Trei		\$.	512.50
	Contributor address; City; State; Zip Code			
	Plano, TX 75025			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Ag	gent	Protect Plans		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/20/2023	Wild, Trei		\$.	512.50
	Contributor address; City; State; Zip Code			
	Plano, TX 75025			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Aç	gent	Protect Plans		
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 140/145 Rpt: 143/156	
2	FILER NAME			3	Filer ID (Ethics Commission F	-ilers)
		sociation of Benefit and Insurance Professionals - Te			00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/20/2023	Wild, Trei				\$12.50
		6 Contributor address; City; State; Zip Code				
Ļ	Dringing ogg	Plano, TX 75025	Employer (See Instructions)			
ð	Principal occu Insurance Ag		 9 Employer (See Instructions) Protect Plans)		
\vdash				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10 E0
	06/20/2023					\$12.50
		Contributor address; City; State; Zip Code				
		Plano, TX 75025				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Insurance Ag	· · · · · · · · · · · · · · · · · · ·	Protect Plans	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/29/2023	Willingham, Sean	/			\$12.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
Γ		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Agent		Medicare Man			
\square	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2023	Willingham, Sean				\$12.50
		Contributor address; City; State; Zip Code				
		San Antonia TV 79250				
\vdash	Principal occu	San Antonio, TX 78259 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Agent		Medicare Man	9		
╞	_	Full name of contributor Out-of-state PAC (ID#:	, Incuroure man		Amount of Opertribution (ft)	
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: Willingham, Sean)		Amount of Contribution (\$)	\$12.50
	0312312023					ΦΙΖ.Ου
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Agent		Medicare Man			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 141/145 Rpt: 144/156		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/29/2023	Willingham, Sean				\$12.50
	I	6 Contributor address; City; State; Zip Code		1		
	ļ					
	I					
	I	San Antonio, TX 78259				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Agent		Medicare Man			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/29/2023	Willingham, Sean				\$12.50
				•		
	I					
	I					
	I	San Antonio, TX 78259				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Agent		Medicare Man	-,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (\$)	
	Dale 06/29/2023)		Amount of Contribution (\$)	\$12.50
	00/29/2023	Willingham, Sean				Φ12.00
	l	Contributor address; City; State; Zip Code				
	I					
	l	San Antonio, TX 78259				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Agent		Medicare Man	5)		
┝	-			Т		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=0.00
	01/20/2023	Wilson, Tom				\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Wichita Falls, TX 76301	<u> </u>	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag		Boley Featherston Insur	ran	ce	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/20/2023	Wilson, Tom				\$50.00
	1	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Wichita Falls, TX 76301				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	Boley Featherston Insur	ran	се	
⊢						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 142/145 Rpt: 145/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/20/2023	Wilson, Tom		\$50.00
	6 Contributor address; City; State; Zip Code		4
	Wichita Falls, TX 76301		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance A	gent	Boley Featherston Insur	rance
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/20/2023	Wilson, Tom		\$50.00
	Contributor address; City; State; Zip Code		1
	Wichita Falls, TX 76301	<u>.</u>	
	upation / Job title (See Instructions)	Employer (See Instructions	,
Insurance A	gent	Boley Featherston Insur	rance
Date	—)	Amount of Contribution (\$)
05/20/2023	Wilson, Tom		\$50.00
	Contributor address; City; State; Zip Code]
D in single and	Wichita Falls, TX 76301		<u> </u>
Insurance A	upation / Job title (See Instructions)	Employer (See Instructions Boley Featherston Insur	
		-	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Wilson, Tom		\$50.00
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76301		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Insurance A		Boley Featherston Insur	
		<u> </u>	1
Date 01/19/2023	Full name of contributor out-of-state PAC (ID#: Ybarra, Valeria)	Amount of Contribution (\$) \$12.50
01/13/2023			ψτ2.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱۶)
Account Ma		Carlisle Corrigan Benefi	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 143/145 Rpt: 146/156	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
		sociation of Benefit and Insurance Professionals - Te	xas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/19/2023	Ybarra, Valeria				\$12.50
	I	6 Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78414	-			
			9 Employer (See Instructions			
	Account Mar	nager	Carlisle Corrigan Benefit	its, I	LLC	
	Date	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	03/19/2023	Ybarra, Valeria				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78414				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Account Mar	nager	Carlisle Corrigan Benefit	its, I	LLC	
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/19/2023	Ybarra, Valeria				\$12.50
	I	Contributor address; City; State; Zip Code		·		
		Corpus Christi, TX 78414				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Account Mar	nager	Carlisle Corrigan Benefit	its, I	LLC	
	Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/19/2023	Ybarra, Valeria				\$12.50
	I	Contributor address; City; State; Zip Code		·		
		Corpus Christi, TX 78414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Account Mar	nager	Carlisle Corrigan Benefit	its, I	LLC	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	06/19/2023	Ybarra, Valeria				\$12.50
	I	Contributor address; City; State; Zip Code		·		
		Corpus Christi, TX 78414				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Account Mar		Carlisle Corrigan Benefit		LLC	
┝						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 144/145 Rpt: 147/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/19/2023	York, Melanie		\$12.50
	6 Contributor address; City; State; Zip Code		
	Dadford TV 76021		
• Drincinal occu	Bedford, TX 76021 upation / Job title (See Instructions)	9 Employer (See Instructions	
Account Exe		90 Degree Benefit	5)
			Amount of Contribution (\$)
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$12.50
02/19/2023	York, Melanie		φ12.50
	Contributor address; City; State; Zip Code		
	Bedford, TX 76021		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	s)
Account Exe		91 Degree Benefit	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/20/2023	Young, Peter		\$12.50
	Contributor address; City; State; Zip Code		•
	Allen, TX 75013		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	gent	Independent Insurance	Advisors
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023	Young, Peter		\$12.50
	Contributor address; City; State; Zip Code		
	Allen, TX 75013		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Independent Insurance	Advisors
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/20/2023	Young, Peter		\$12.50
	Contributor address; City; State; Zip Code		
	Allen, TX 75013		
	upation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	gent	Independent Insurance	Advisors

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 145/145 Rpt: 148/156
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/20/2023	Young, Peter		\$12.50
	6 Contributor address; City; State; Zip Code		1
	Allen, TX 75013		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance Ag	jent	Independent Insurance	Advisors
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2023	Young, Peter)	\$12.50
03/20/2023			ψ12.50 ·
	Contributor address; City; State; Zip Code		
	Allen, TX 75013		
Dringinglaggur		Employer (See Instructions	
	pation / Job title (See Instructions)		,
Insurance Ag		Independent Insurance	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/20/2023	Young, Peter		\$12.50
	Contributor address; City; State; Zip Code		1
	Allen, TX 75013		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Ag	jent	Independent Insurance	Advisors
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/19/2023	Zesch, Bobby)	\$75.00
01/13/2023	-		
	Contributor address; City; State; Zip Code		
	San Angola TV 76002		
	San Angelo, TX 76902		
	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance Ag	jent	Zesch & Pickett Insuran	100

PLEDGED CONTRIBUTIONS

	The	Instruction Guide explains how to complet	e this form.	1	Total pages S Sch: 1/1 Rp			
2	FILER NAME	E		3	Filer ID	(Ethic	s Commission Filers)	
	National As	sociation of Benefit and Insurance Professionals -	Texas PAC		00042577			
4	TOTAL OF	UNITEMIZED PLEDGES			\$			0.00
5	Date	6 Full name of pledgorout-of-state PAC (ID#:)	8	Amount of pledge (\$)	 	9 In-kind description (If applicable)	
		7 Pledgor Address; City; State; Zip Code			Check if trave	I I I I el outsic	de of Texas. Complete Sch	edule T.
1	0 Principal occ	upation / Job title (See Instructions)	11 Employer (See Instru	ictic	 ons)			

LOANS					SCHEDUL	_Е Е
The Instruction	Guide explains how to	complete this f	orm.		ges Schedule E: 1 Rpt: 150/156	
2 FILER NAME National Association	on of Benefit and Insurance	Professionals - Te	exas PAC	3 Filer ID 000425	(Ethics Commission I	-ilers)
⁴ TOTAL OF UNIT	TEMIZED LOANS				\$	0.00
5 Date of loan 7	Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6 Is lender a 8 financial institution?	Lender address; City;	State;	Zip Code		10 Interest Rate11 Maturity Date	
					II Maturity Date	
12 Principal occupation	/ Job title (See Instructions)		13 Employer (See Instructions	5)		
14 Description of Collate	eral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR 1 INFORMATION	7 Name of guarantor				19 Amount Guarantee	ed (\$)
not applicable	8 Guarantor address; City;	State;	Zip Code			
20 Principal occupation			21 Employer (See Instructions	6)	I	

OF EXPENDITURE Consulting Expense Management Fees Date Payee name 01/10/2023 Jaffe Communications Amount (\$) Payee Address; City; State; Zip 160.00 312 North Avenue East, Suite 5 Expenditure from corporate funds 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 Payee name 01/02/2023 Pay Pal Amount (\$) Payee Address; City; State; Zip 272.08 PO Box 1900 Expenditure from corporate funds San Jose, CA 97136	Date 01/19/2023 Amount (\$) 600.00 Expenditure from corporate funds PURPOSE OF	 5 Payee name Jaffe Communications 7 Payee Address; City; State; Zip 	00042577
01/19/2023 Jaffe Communications Amount (\$) 7 Payee Address: City: State; Zip 600.00 Si2 North Avenue East; Suite 5 Expenditure from corporate funds Cranford, NJ 07016 PURPOSE OF EXPENDITURE (a) Category (See instructors for examples of acceptable categories) (b) Description Gee instructors regarding type of information required Management Fees Date Payee Address: City: State; Zip 160.00 120.000 312 North Avenue East; Suite 5 160.00 Expenditure from Corporate funds Cranford, NJ 07016 100.00 PURPOSE EXPENDITURE (a) Category (See instructors for examples of acceptable categories) (b) Description Gee instructors regarding type of information required Website Development Date Payee Address; City: State; Zip 100.00 1020/2023 Paye Pal Consulting Expense (b) Description Gee instructors regarding type of information required Website Development Date Payee Address; City: State; Zip 100.00 120/2023 Payee Address; City: State; Zip 272.08 PO Box 1900 San Jose, CA 97136 PURPOSE Accounting/Banking (b) Description Gee instructors regarding type of information required Banking service fees Date Payee name Quickbook Payments <td>01/19/2023 Amount (\$) 600.00 Expenditure from corporate funds PURPOSE OF</td> <td>Jaffe Communications 7 Payee Address; City; State; Zip</td> <td></td>	01/19/2023 Amount (\$) 600.00 Expenditure from corporate funds PURPOSE OF	Jaffe Communications 7 Payee Address; City; State; Zip	
Amount (\$) 7 Payee Address; City; State; Zip 600.00 312 North Avenue East, Suite 5 corporate funds Cranford, NJ 07016 PURPOSE (a) Category See instructions for examples of acceptable categories (b) Description (See instructions regarding type of information required Management Fees Date Payee name Jaffe Communications (Iv) State; Zip Management Fees Amount (\$) Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required Management Fees Date Payee name Jaffe Communications (Iv) State; Zip (b) Description (See instructions regarding type of information required Management Fees Date Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required Website Development Date Payee name (Ju) 2/2/2023 Pay Pail Amount (\$) Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required Banking Service fees PURPOSE (a) Category (See instructions to examples of acceptable categories) (b) Description (See instructions regarding type of information required Banking Service fees Banking Service fees </td <td>Amount (\$) 600.00 Expenditure from corporate funds PURPOSE OF</td> <td>7 Payee Address; City; State; Zip</td> <td></td>	Amount (\$) 600.00 Expenditure from corporate funds PURPOSE OF	7 Payee Address; City; State; Zip	
600.00 IExpenditure from corporate funds 312 North Avenue East, Suite 5 PURPOSE CORPORE CORPUTURE Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information reguled Management Fees Date Payee name 01/10/2023 Jaffe Communications Amount (\$) Payee Address; Comporate funds 160.00 Expenditure from corporate funds Cranford, NJ 07016 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Consulting Expense; (b) Description (See instructions regarding type of information reguled Website Development Date Payee name 01/02/2023 Pay Pal Amount (\$) Payee name 01/02/2023 Pay Pal Amount (\$) Payee name 01/02/2023 Pay Pal Amount (\$) Payee Address; City; State; Zip 02 Consulting Expension (a) Category (See instructions for examples of acceptable categories) Corporate funds (b) Description (See instructions regarding type of information reguled Website Development Date Payee Address; City; State; Zip (b) Description (See instructions regarding type of information reguled Banking service fees Date Payee name Quickbook Payments (b) Description (See instructions regarding type of information reguled Banking service fees Date Payee A	600.00 Expenditure from corporate funds PURPOSE OF		
Date Payee name 01/02/2023 Payee name 01/02/2023 Payee name 01/02/2023 State Communications for examples of acceptable categories) (b) Description (See instructions regarding type of information required website Development PURPOSE Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required website Development Date Payee name Oranford, NJ 07016 (See instructions regarding type of information required website Development PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required website Development Date Payee name (D) Description (See instructions regarding type of information required website Development Date Payee name (D) Description (See instructions regarding type of information required hebric tategories) Date Payee Address; City; State; Zip (D) Description (See instructions regarding type of information required hacking service fees Date Payee name (D) Description (See instructions regarding type of information required hacking service fees Date Payee name (D) Category (See instructions for examples	Expenditure from corporate funds PURPOSE OF	312 North Avenue East, Suite 5	
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Date Payee name 0110/2023 Jaffe Communications Amount (\$) Payee Address; City; State; Zip 160.00 S12 North Avenue East, Suite 5 Consulting Expense Cranford, NJ 07016 PURPOSE (a) Category (See instructions for examples of acceptable categories) Of Granford, NJ 07016 Purpose (a) Category (See instructions for examples of acceptable categories) Of Payee name 01/02/2023 Pay Pal Amount (\$) Payee Address; City; State; Zip 272.08 PO Box 1900 Expenditure from Corporate funds San Jose, CA 97136 PURPOSE City (State; Zip PurpoSE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking Date PurpoSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Date PurpoSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Date 01/20/2023 <	OF	Cranford, NJ 07016	
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Amount (\$) Payee Address; City; State; Zip 160.00 312 North Avenue East, Suite 5 2xpenditure from corporate funds Cranford, NJ 07016 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Website Development Date Payee name Payee name 01/02/2023 Pay Pal Payee Address; City; State; Zip 272.08 PO Box 1900 San Jose, CA 97136 (See instructions regarding type of information required Accounting/Banking PURPOSE expenditure from 01/20/2023 (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Banking service fees Date 01/20/2023 Payee name Quickbook Payments (See instructions regarding type of information required Banking service fees Date 01/20/2023 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 (See instructions regarding type of information required Banking service fees PURPOSE expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Banking service fees	Date	Payee name	
160.00 312 North Avenue East, Suite 5 Expenditure from corporate funds 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 Payee name 01/02/2023 Pay Pal Amount (\$) Payee Address; City; State; Zip PO Box 1900 Expenditure from corporate funds 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 Payee name 01/20/2023 Quickbook Payments Accounting/Banking (b) Description (See instructions regarding type of information required Banking service fees Date Payee name 01/20/2023 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 47.97 21650 Oxnard Street, Suite 2200 fexpenditure from corporate funds Woodland Hills, CA 91367 PUROSE (a) Category (See instructions for examples of acceptable categories) of	01/10/2023	Jaffe Communications	
Too.00 Cranford, NJ 07016 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required Website Development Date Payee name Website Development 01/02/2023 Pay Pal Pay Pal Amount (\$) Payee Address; City; State; Zip PO Box 1900 272.08 PO Box 1900 San Jose, CA 97136 PURPOSE of Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Banking service fees Date Payee name (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Banking service fees Date Payee name (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Banking service fees Date Payee name (b) Description (See instructions regarding type of information required Banking service fees (b) Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required Banking service fees PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Descrip	Amount (\$)	Payee Address; City; State; Zip	
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Date 01/29/2023	5 Payee name Quickbook Payments	·
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) D	Description (See instructions regarding type of information required. Banking service fees
Date 02/20/2023	Payee name Quickbook Payments	
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OF EXPENDITURE	Woodland Hills, CA 91367 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking	Description (See instructions regarding type of information required. Banking service fees
Date 02/28/2023	Payee name Quickbook Payments	
Amount (\$) 0.68 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) (b) D	Description (See instructions regarding type of information required. Banking service fees
Date 03/20/2023	Payee name Quickbook Payments	
Amount (\$) 50.09 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) (b) D	Description (See instructions regarding type of information required. Banking service fees

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Date 04/23/2023	5 Payee name Quickbook Payments	
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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
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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	
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The Instruction Guide explains how to complete this form. Total pages Schedule I: 2 FILER NAME Filer ID (Ethics Commission Filers) 3 National Association of Benefit and Insurance 00042577 Sch: 6/6 Rpt: Date Payee name 5 06/28/2023 **Quickbook Payments** Amount (\$) Payee Address; City; State; Zip 7 21650 Oxnard Street., Suite 2200 0.68 Expenditure from Woodland Hills, CA 91367 corporate funds (a) Category (See instructions for examples of acceptable categories) PURPOSE (b) Description (See instructions regarding type of information required.) OF EXPENDITURE Accounting/Banking Banking service fees