FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070642 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Life and Health Insurers Life Insurance Political Action Committee Date Received **ELECTRONICALLY FILED** 01/08/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1645 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Jennifer A. NAME NICKNAME LAST **SUFFIX** Cawley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1122 Colorado St., Ste 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1645 MAILING **ADDRESS** Austin, TX 78767 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 472-6886 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)
Texas Association of Life and Health Insurers Life Insurance Political Action Commi	ttee 00070642
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported	·
(Attach lists on plain paper to complete this report if necessary.)	
Measures (Describe by date and location of election and nature of issue.) A. Supported	
B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold	THAN \$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	OANS) \$ 31,113.94
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 14,130.81
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF T BALANCE OF THE REPORTING PERIOD	HE LAST DAY \$ 119,377.66
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	\$ AS OF THE \$ 0.00
16 AFFIDAVIT	<u> </u>
	nalty of perjury, that the accompanying report is es all information required to be reported by me de.
M	rs. Jennifer A. Cawley
Signa	ture of Campaign Treasurer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said	
of, 20, to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		3 of 14
17 COMMITTEE NAME Texas Association of Life and Health Insurers Life Insurance Political Action	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,425.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$ 13,288.94
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 400.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 14,130.81
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/14		
2	FILER NAME Texas Assoc	iation of Life and Health Insurers Life Insurance Poli	tical Action Committee	3	Filer ID (Ethics Commission 00070642	on Filers)
4	Date 07/31/2023	 Full name of contributor	00210526)	7	Amount of Contribution (\$)	\$2,500.00
		Oklahoma City, OK 73125				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_ Coon, Brad Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$175.00
		Ft. Worth, TX 76131				
	•	pation / Job title (See Instructions) usinessperson	Employer (See Instructions)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#: GPM PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
		San Antonio, TX 78265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_ Mechem, Elisabeth Contributor address; City; State; Zip Code Highland Village, TX 75077)		Amount of Contribution (\$)	\$450.00
		pation / Job title (See Instructions) usinessperson	Employer (See Instructions)		
	Date 09/22/2023	Full name of contributor x out-of-state PAC (ID#: C MetLife Employees Political Participation Fund A Contributor address; City; State; Zip Code New York, NY 10166			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/14			
2	FILER NAME Texas Assoc	ciation of Life and Health Insu	itical Action Committee	3	Filer ID (Ethics Commission 00070642	on Filers)	
4	Date 10/19/2023	5 Full name of contributor out-of-state PAC (ID#:) Pacheco, Lenay 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
_	Dringing aggr	Boyd, TX 76023	5)	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instruction: usinessperson	5)	9 Employer (See Instructions	•)		
	Date 08/24/2023	Full name of contributor Prudential Financial, Inc. Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Newark, NJ 07102 pation / Job title (See Instruction	s)	Employer (See Instructions	:) [
	i illoipai occa	pation / oob title (oce mondetion)	.,	Employer (See instructions	')		
	Date 09/22/2023	Full name of contributor				Amount of Contribution (\$)	\$1,500.00
		San Antonio, TX 78216					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 11/07/2023	Full name of contributor USAA Employee PAC Contributor address; City; S San Antonio, TX 78288				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	s)		
	Date 10/19/2023	Full name of contributor Williams, Mark Contributor address; City; S Grapevine, TX 76051	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instruction: usinessperson	5)	Employer (See Instructions	s)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

\vdash						
	The Instru	cti	on Guide explains how to complete this form.	1	Total pages S	
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Texas Assoc	ciat	tion of Life and Health Insurers Life Insurance Political Action		00070642	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
L	09/25/2023		AIG			5,000.00
Г	Date	Γ	Corporation / Labor Organization name		Amount (\$)	
L	09/19/2023		Aflac			1,000.00
Г	Date		Corporation / Labor Organization name		Amount (\$)	
	09/19/2023		Mutual of Omaha			1,000.00
r	Date		Corporation / Labor Organization name		Amount (\$)	
L	09/25/2023		National Life Group			1,000.00
Г	Date	Γ	Corporation / Labor Organization name		Amount (\$)	
L	07/07/2023		Texas Association of Life and Health Insurers			29.32
Г	Date	Γ	Corporation / Labor Organization name		Amount (\$)	
L	08/31/2023		Texas Association of Life and Health Insurers			29.32
H	Date	Π	Corporation / Labor Organization name		Amount (\$)	
L	09/30/2023		Texas Association of Life and Health Insurers			156.07
Г	Date		Corporation / Labor Organization name		Amount (\$)	
L	10/31/2023		Texas Association of Life and Health Insurers			5,074.23
						· · · · · · · · · · · · · · · · · · ·

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Association of Life and Health Insurers Life Insurance Political Action 00070642 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/31/2023 400.00 Texas Association of Life and Health Insurers

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 8/14	Texas Association of Life and Health Insurers Life Insurance 00070642
4 Date	5 Payee name
10/03/2023	Ann Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
10/03/2023	Friends of Tom Oliverson
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1 E. Greenway Plza., Ste 225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
07/31/2023	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$5.00	605 W Canyon Ridge Dr.
Expenditure from	
corporate funds	Austin, TX 78753
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
2/4 2/15/10/1C	Check if Austin, TX, officeholder living expense
	Bank Service Charge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense P		ense ges/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2 FILEI	R NAME				3	Filer ID (Ethics Commis	ssion Filers)
	Sch: 2/7 Rpt: 9/14	Texa	s Association of Life an	d Health Insi	urers Li	fe Insurance		00070642	
4	Date	5 Paye	e name						
	08/31/2023	Fros	t Bank						
6	Amount (\$)	7 Paye	e address; City;	State; 2	Zip Cod	е			
	\$5.00	605	W Canyon Ridge Dr.						
X	Expenditure from corporate funds	Aust	in, TX 78753						
8	PURPOSE	(a) Cate	Ory (See Categories listed at the	e top of this schedu	ule) (b) Description			
	OF EXPENDITURE	Acco	unting/Banking			=		ide of Texas. Complete Schedule T.	
	-							, officeholder living expense	
						Bank Servi	ie Ci	narge	
	Complete ONLY if direct	Candia	lata/Officeholder name	Offi	ioo ooua	ht		Office hold	
9	Complete ONLY if direct expenditure to benefit C/Oh		late/Officeholder name	Oili	ice soug	nı.		Office held	
	Date	Paye	e name						
	09/29/2023	Fros	t Bank						
	Amount (\$)	Paye	e address; City;	State; 2	Zip Cod	е			
	\$5.00	605	W Canyon Ridge Dr.						
Х	Expenditure from corporate funds	Aust	in, TX 78753						
	PURPOSE	(a) Cate	Jory (See Categories listed at the	e top of this schedu	ule) (b) Description			
	OF EXPENDITURE	Acco	unting/Banking			ш		ide of Texas. Complete Schedule T.	
	-							, officeholder living expense	
						Bank Servi	Je Ci	narge	
	Complete ONLY if direct expenditure to benefit C/OH		late/Officeholder name	Offi	ice soug	ht		Office held	
	experience to benefit eyer								
	Date	,	e name				_		
	10/31/2023	Fros	t Bank						
	Amount (\$)	Paye	e address; City;	State; 2	Zip Cod	e			
	\$5.00	605	W Canyon Ridge Dr.						
X	Expenditure from corporate funds	Aust	in, TX 78753						
	PURPOSE	(a) Cate	gory (See Categories listed at the	e top of this schedu	ıle) (b) Description			
	OF EXPENDITURE		unting/Banking]	:	el outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE					_		, officeholder living expense	
						Bank Servi	ce Cl	harge	
						_			
	Complete ONLY if direct expenditure to benefit C/OF		late/Officeholder name	Offi	ice soug	ht		Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donation Candidate/Officehold Credit Card Payment			Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Printin Salarie	-	se s/Contract Labor	Tra	vel in District vel Out of Dis HER (enter a	strict category not liste	d above)
1 Total pages Sched	ule F1:	2 FILER NAME	1				3 File	er ID	(Ethics Comr	nission Filers)
Sch: 3/7 Rpt: 1	0/14	Texas Asso	ociation of Life and	Health Insurer	s Life	Insurance	00	070642		
4 Date		5 Payee name								
11/30/2023		Frost Bank								
6 Amount (\$)		7 Payee addre	ss; City;	State; Zip	Code					
:	\$5.00	605 W Can	yon Ridge Dr.							
X Expenditure from corporate funds		Austin, TX	78753							
8 PURPOSE		(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
OF EXPENDITURE		Accounting	/Banking						plete Schedule T.	
						Check if Austin			expense	
						Bank Service	Char	ge		
					Щ.					
Complete ONLY if a expenditure to beneath.			iceholder name	Office s	ought			Office he	eld	
Date		Payee name								
12/31/2023		Frost Bank								
Amount (\$)		Payee addre	ss; City;	State; Zip	Code					
` '	\$5.00	-	yon Ridge Dr.	•						
			, 5 -							
Expenditure from corporate funds		Austin, TX	78753							
PURPOSE		(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
OF EXPENDITURE		Accounting	/Banking			—			plete Schedule T.	
						Check if Austin			expense	
						Bank Service	Char	ye		
Complete <u>ONLY</u> if one expenditure to bene			ceholder name	Office s	ought			Office he	eld	
Data		Dougo nomo								
Date 09/04/2023		Payee name Intuit Inc.								
Amount (\$)		Payee addre		State; Zip	Code					
\$	29.32	2800 E. Co	mmerce Center Pla	ice						
Expenditure from corporate funds		Tucson, AZ	85706							
PURPOSE		(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
OF EXPENDITURE		Accounting		,		ш			plete Schedule T.	
LAFLINDITORE						Check if Austin		-	•	
						QuickBooks	Online	Subscrip	otion	
Complete <u>ONLY</u> if one expenditure to bene			ceholder name	Office s	ought			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
,	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 11/14	Texas Association of Life and Health Insurers Life Insurance 00070642
4 Date	5 Payee name
10/04/2023	Intuit Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.32	2800 E. Commerce Center Place
X Expenditure from corporate funds	Tucson, AZ 85706
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	QuickBooks Online Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/O	
Date	Payee name
11/04/2023	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$29.32	2800 E. Commerce Center Place
X Expenditure from corporate funds	Tucson, AZ 85706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
2/4 2/15/10/1C	Check if Austin, TX, officeholder living expense
	QuickBooks Online Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/04/2023	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$29.32	2800 E. Commerce Center Place
X Expenditure from corporate funds	Tucson, AZ 85706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	QuickBooks Online Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

1

4

6

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exper Legal Services	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor			Travel Out of District OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.								
Total pages Schedule F1:	2 FILER NA	ME			3	Filer ID	(Ethics Commission Filers)	
Sch: 5/7 Rpt: 12/14	Texas As	ssociation of Life and H	lealth Insurers I	ife Insurance		00070642		
Date	5 Payee nai	me						
10/03/2023	Lacey Hı	ull for Texas						
Amount (\$)	7 Payee add	dress; City;	State; Zip Co	de				
\$1,500.00	PO Box 2	19231						
Expenditure from corporate funds	Houston,	, TX 77224						
PURPOSE OF EXPENDITURE	Contribut	(See Categories listed at the top tions/Donations Made I te/Officeholder/Political	Ву		ı, TX	, officeholder living	nplete Schedule T. g expense	
Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office sou	ght		Office he	eld	
Date	Payee nai	me				-		_
11/29/2023	Lacey Hu	ull for Texas						
Amount (\$)	Payee add	dress; City;	State; Zip Co	de				

EXPENDITURE CATEGORIES FOR BOX 8(a)

\$500.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/10/2023	Nathan Johnson Campaign
Amount (\$) \$1,000.00 Expenditure from	Payee address; City; State; Zip Code PO Box 670994
corporate funds	Dallas, TX 75367-0994
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 6/7 Rpt: 13/14	2 FILER NAME Texas Association of Life and Health Insurers Life Insurance 3 Filer ID (Ethics Commission Filers) 00070642
4 Date	5 Payee name
11/10/2023	Terri Leo Wilson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	29 Pirates Beach W
Expenditure from corporate funds	Galveston , TX 77554
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/29/2023	Texans for Kelly Hancock
Amount (t)	·
Amount (\$)	
\$1,500.00	7750 N. MacArthur Blvd., Ste 120-270
- Consortituos forces	
Expenditure from corporate funds	Irving, TX 75063-7514
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaigh Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/Oi	
Date	Payee name
10/01/2023	Texas Association of Life and Health Insurers
Amount (\$)	Payee address; City; State; Zip Code
\$5,074.23	PO Box 1645
X Expenditure from corporate funds	Austin, TX 78767
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense
-	Check if Austin, TX, officeholder living expense
	Reimbursement for PAC Incentive Dinner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Gift/Award: mmittee Legal Serv	rage Expense s/Memorials Expense ces ruction Guide explains h		nse es/Contract Labor		Travel on District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2		·			3	Filer ID (Ethics Commission Filers)	
	Sch: 7/7 Rpt: 14/14			of Life and Health In	surers Life	e Insurance		00070642	
4	Date	5	Payee name						
	08/30/2023		Yeti.com						
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Code	;			
	\$909.30		7601 Southwest Pa	-	·				
	4000.00		Austin						
Х	Expenditure from								
Ш	corporate funds		TX, TX 78735						
8	PURPOSE	(a)	Category (See Categorie	es listed at the top of this sche	edule) (b) Description			
	OF EXPENDITURE		Solicitation/Fundrai	undraising Expense				outside of Texas. Complete Schedule T.	
I					Check if Austin, TX, officeholder living expense				
						Donor Incen	tive	Gift	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder	name O	Office sough	t		Office held	