FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059417 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Mutual Insurance Companies PAC Date Received **ELECTRONICALLY FILED** 01/29/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 389 Change of Address Yoakum, TX 77995-0389 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Timothy L. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged McCoy CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 500 S. US Hwy 77A STREET **ADDRESS** (Residence or Business) Yoakum, TX 77995 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** P.O. Box 389 MAILING **ADDRESS** Change of Address Yoakum, TX 77995-0389 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (361) 293-1070 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Association of M	lutual Insurance Compa	inies PAC	00059417	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION	1. TOTAL UNITEMIZED	POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY \$	20,929.12
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$	0.00
.6 AFFIDAVIT	L			
		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.	perjury, that the a formation require	accompanying report is d to be reported by me
		Mr. Time	othy L. McCoy	
			Campaign Treasu	ırer
AFFIX NOTARY	' STAMP / SEAL ABOVE	3		
Sworn to and subscribed	hefore me, by the said		this the	day
		which, witness my hand and seal of office.	, and the	aay
	_,,,	, ,		

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 6

	3 of 6									
17 CO	MMITTI	(Ethics Commission Filers)								
Tex										
	HEDUL ME OF	SUBTOTAL AMOUNT								
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00						
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00						
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00					
4.)R	\$							
5.		\$								
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$							
7.		\$								
8.		\$								
9.	X	\$	0.00							
10.	X	\$	2,000.00							
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00						
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$	0.00						
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00						
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
15.		\$								

The Instruction Guide explains now to complete this form. 2 FILER NAME Texas Association of Mutual Insurance Companies PAC 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor	
Texas Association of Mutual Insurance Companies PAC TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor	\$ 0.00 Amount of pledge (\$)
TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgorout-of-state PAC (ID#:) 8 7 Pledgor Address; City; State; Zip Code	\$ 0.00 Amount of pledge (\$)
5 Date 6 Full name of pledgorout-of-state PAC (ID#:) 8 7 Pledgor Address; City; State; Zip Code	Amount of pledge (\$)
7 Pledgor Address; City; State; Zip Code	pledge (\$) (If applicable)
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	ns)

	LOANS	SCH	HEDULE	E						
	The Instruction		ages Schedule E: /1 Rpt: 5/6							
2	FILER NAME Texas Association	on of Mutual Insurance Companies PAC				Filer ID 000594	(Ethics Commission Filers)			
4		IITEMIZED LOANS		l		\$		0.00		
5	Date of loan	7 Name of lender out-of-sta	C (ID#:	9 Loan Amo	unt (\$)					
6	Is lender a financial institution?	8 Lender address; City; Sta	ate;	Zip Code			10 Interest Ra	ate		
							11 Maturity D	ate		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)						
14	Description of Coll	ateral		15 Check if personal fund	d into political account (See Instructions)					
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount G	uaranteed (\$	B)	
	not applicable	18 Guarantor address; City; Sta	ate;	Zip Code						
20	Principal occupation	on		21 Employer (See Instruc	ctions)					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee L	egal Se	rds/Memorials Exper rvices struction Guide e			pense ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not list	ed above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Com	mission Filers)
	Sch: 1/1 Rpt: 6/6			iatior	of Mutual Ins	surance	Compa	nies	PAC		00059417		
4	Date	5	Payee name										
	01/09/2024		Ernest Bailes	s Can	npaign								
6	Amount (\$)	7	Payee address	s;	City;	State;	Zip Co	de					
	\$2,000.00		P.O. Box 123	32									
l∟	Expenditure from corporate funds		Shepherd, TX	X 773	371								
8	PURPOSE	(a)	Category (a	<u> </u>				(h)	Description				
ľ	OF	"			ories listed at the top lations Made I		eaule)	(2)		l outsi	de of Texas. Com	plete Schedule T	
	EXPENDITURE				older/Political		ittee		Check if Austir	n, TX,	officeholder living	expense	
									Campaign C	ontr	ribution		
9	Complete ONLY if direct expenditure to benefit C/OF	Η (Candidate/Office	eholde	er name	0	ffice sou	ght			Office he	eld	