

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00042577	<b>2</b> Total pages filed: 51
<b>3</b> COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/12/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 312 North Avenue East, Suite 5  Cranford, NJ 07016	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Scott <hr/> NICKNAME LAST SUFFIX Long	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1715 Greenway Village Drive  Katy, TX 77494	
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1715 Greenway Village Drive  Katy, TX 77494	
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (832) 457-1472	
<b>9</b> REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED		Month Day Year      Month Day Year 10/29/2023      THROUGH      12/31/2023	
<b>11</b> ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00042577
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,766.25
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 59,859.33
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Scott Long  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 51

<b>17 COMMITTEE NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC		<b>18 Filer ID</b> 00042577	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b>			<b>SUBTOTAL AMOUNT</b>
	<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,766.25
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,245.34
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,000.00

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/43 Rpt: 4/51
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Carla	7 Amount of Contribution (\$)  \$12.50
	6 Contributor address; City; State; Zip Code  Schertz, TX 78154	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) TASC
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Carla	Amount of Contribution (\$)  \$12.50
	Contributor address; City; State; Zip Code  Schertz, TX 78154	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahlquist, Neldia	Amount of Contribution (\$)  \$12.50
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahlquist, Neldia	Amount of Contribution (\$)  \$12.50
	Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ainsworth, Tabatha	Amount of Contribution (\$)  \$12.50
	Contributor address; City; State; Zip Code  Jacksonville, TX 75766	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) baker Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/43 Rpt: 5/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ainsworth, Tabatha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) baker Insurance
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Antongiovanni, Joanna <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Antongiovanni, Joanna <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashmore, Elizabeth <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashmore, Elizabeth <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/43 Rpt: 6/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avery, Wendy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75089	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) K&S Insurance Agency
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avery, Wendy <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75088	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellman, Mark <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/43 Rpt: 7/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bellman, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) UHC
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bentley, Beau <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75789	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bentley, Beau <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75789	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berry, Ernest <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berry, Ernest <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Berry & Mojica Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/43 Rpt: 8/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blair, Mary Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-3001	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hilliard Box Insurance
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-3001	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Block, Howard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Block, Howard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Michael <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/43 Rpt: 9/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) ALG Avery & Associates
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonczek, Christie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonczek, Christie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Booth, Tonya <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Booth, Tonya <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/43 Rpt: 10/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boucher, Eva	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>6</b> Contributor address; City; State; Zip Code  Wylie, TX 75098		
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Benefit Solutions by Design-Brokerage
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradberry1, Cherrie	Amount of Contribution (\$)  \$12.50
Contributor address; City; State; Zip Code  Iowa Park, TX 76367		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradberry1, Cherrie	Amount of Contribution (\$)  \$12.50
Contributor address; City; State; Zip Code  Iowa Park, TX 76367		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Isha	Amount of Contribution (\$)  \$6.25
Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brooks, Isha	Amount of Contribution (\$)  \$6.25
Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/43 Rpt: 11/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buffum, Ronald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) The Buffum Group
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buffum, Ronald <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/43 Rpt: 12/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burkholder, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75081	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Allison <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Allison <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, Iris <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, Iris <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/43 Rpt: 13/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Senior Services
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clingan, Nedra <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clingan, Nedra <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/43 Rpt: 14/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cochran, Stacy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$12.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Caprock
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, David <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, David <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/43 Rpt: 15/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cottar, Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Baytown, TX 77521	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Major Medical
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cottar, Tom <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/43 Rpt: 16/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DePaoli, Allison <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78250	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$12.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) De Paoli Professional Services
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Debler, John <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78382	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Debler, John <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78382	Amount of Contribution (\$) <span style="float:right">\$25.00</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/43 Rpt: 17/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925-7314	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Tom Ellis Insurance
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Tom <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925-7314	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Tom Ellis Insurance
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Mike <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Mike <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Kathy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GBMB Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/43 Rpt: 18/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Kathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78279	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) GBMB Insurance
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Holley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Holley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/43 Rpt: 19/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaines, Leawhnie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Eules, TX 76039	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilbert, Debra <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$18.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Innovative Insurance Solutions
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/43 Rpt: 20/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goodman, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Healthcare
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grogan, Wayne <hr/> Contributor address; City; State; Zip Code  Plano, TX 78025	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grogan, Wayne <hr/> Contributor address; City; State; Zip Code  Plano, TX 78025	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/43 Rpt: 21/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrington, Paula <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Health Insurance Broker		<b>9</b> Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrington, Paula <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Polly <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Polly <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Laura <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/43 Rpt: 22/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hebert Insurance
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77487	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77487	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/43 Rpt: 23/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Irwin, Maria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78744	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Healthcare
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Irwin, Maria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Sandra <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/43 Rpt: 24/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Jamie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digita
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Jamie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digita
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keathley, Bryan <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keathley, Bryan <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/43 Rpt: 25/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Renee	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717		
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Ameritas
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly, Renee	Amount of Contribution (\$)  \$12.50
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkhart, Taylor	Amount of Contribution (\$)  \$12.50
Contributor address; City; State; Zip Code  Boyd, TX 76023		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkhart, Taylor	Amount of Contribution (\$)  \$12.50
Contributor address; City; State; Zip Code  Boyd, TX 76023		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Jack	Amount of Contribution (\$)  \$6.25
Contributor address; City; State; Zip Code  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/43 Rpt: 26/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight, Jack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Gary <hr/> Contributor address; City; State; Zip Code  Rosharon, TX 77583	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leal, Gary <hr/> Contributor address; City; State; Zip Code  Rosharon, TX 77583	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/43 Rpt: 27/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ledgerwood, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Senior Health Plans of Texas
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Diane <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Diane <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Long, Scott <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/43 Rpt: 28/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Long, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$12.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260-2252	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260-2252	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Patricia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Patricia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/43 Rpt: 29/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meason, Toby <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79101	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meason, Toby <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Derella Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Derella Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Naylor, Candice <hr/> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/43 Rpt: 30/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Naylor, Candice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fritch, TX 79036	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ott, Rick <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ott, Rick <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/43 Rpt: 31/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parkey, Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78451	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Carlisle Insurance Agency
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parkey, Sarah <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78451	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phifer, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 29/43 Rpt: 32/51
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phifer, Joe	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code  Dallas, TX 75219	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Sun Life Financial
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pleasants, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pleasants, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Reid	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Mckinney, TX 75071	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rasmussen, Reid	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Mckinney, TX 75071	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/43 Rpt: 33/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raymond, Garrin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77043	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$12.50</span>
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) One Digital
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$) <span style="float:right">\$12.50</span>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 31/43 Rpt: 34/51
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios-Carl, Elizabeth	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Benefit Solutions
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios-Carl, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Benefit Solutions
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Marisa	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Marisa	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Mike	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77040	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/43 Rpt: 35/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Mike <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Newkirk & Newkirk
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Judith <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Judith <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 33/43 Rpt: 36/51
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rolf, Rita	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code  Allen, TX 75013	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) TexCap Insurance Services
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rolf, Rita	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Nicole	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Nicole	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Joe	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Dallas, TX 75248	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/43 Rpt: 37/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Joe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) The Insurance Exchange
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Craig <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Craig <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Mike <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Mike <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/43 Rpt: 38/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snyder, Stephen	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231		
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snyder, Stephen	Amount of Contribution (\$)  \$12.50
Contributor address; City; State; Zip Code  Dallas, TX 75231		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southan, Tamela	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75218-4320		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southan, Tamela	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75218-4320		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Splawn, W. Craig	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Houston, TX 77077		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/43 Rpt: 39/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stair, B. Gene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738	<b>7</b> Amount of Contribution (\$)  \$7.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Stair & Associates LLC
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stockstill, Beckie <hr/> Contributor address; City; State; Zip Code  Deer Park, TX 77536	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/43 Rpt: 40/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stockstill, Beckie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/43 Rpt: 41/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Audra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76006	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Vogue Insurance
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sypert, Steve <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/43 Rpt: 42/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sypert, Steve <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79464	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 11/21/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Theesfeld, Angela <hr/> <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258	<b>Amount of Contribution (\$)</b>  \$12.50
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 12/21/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Theesfeld, Angela <hr/> <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258	<b>Amount of Contribution (\$)</b>  \$12.50
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 11/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thorne, Roblyn <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749	<b>Amount of Contribution (\$)</b>  \$12.50
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 12/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thorne, Roblyn <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749	<b>Amount of Contribution (\$)</b>  \$12.50
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/43 Rpt: 43/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75042	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 79721	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/43 Rpt: 44/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Kenneth	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 79721		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Nexus Insurance Marketing
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace, Kasey	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code  Houston, TX 77041		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace, Kasey	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code  Houston, TX 77041		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallin, Johnny	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code  Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallin, Johnny	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code  Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/43 Rpt: 45/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wild, Trei <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Protect Plans
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wild, Trei <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/43 Rpt: 46/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 11/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Peter <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Independent Insurance Advisors
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Peter Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 47/51

**2** FILER NAME  
National Association of Benefit and Insurance Professionals - Texas PAC

**3** Filer ID (Ethics Commission Filers)  
00042577

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of  
pledge (\$)

**9** In-kind description  
(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)

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 48/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/17/2023	5 Payee name Jaffe Communications	
6 Amount (\$)  600.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 312 North Avenue East, Suite 5  Cranford, NJ 07016	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Management Fees
Date 10/29/2023	Payee name Pay Pal	
Amount (\$)  79.21 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 1900  San Jose, CA 97136	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 11/20/2023	Payee name Quickbook Payments	
Amount (\$)  28.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 11/23/2023	Payee name Quickbook Payments	
Amount (\$)  0.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/28/2023	5 Payee name Quickbook Payments	
6 Amount (\$)  4.16 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 12/20/2023	Payee name Quickbook Payments	
Amount (\$)  33.04 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 12/22/2023	Payee name Quickbook Payments	
Amount (\$)  0.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking service fees
Date 11/28/2023	Payee name Texas Ethics Commission	
Amount (\$)  500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 201 E. 14th St., 10th Floor  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Late Filing Fee

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 51/51
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 12/31/2023	<b>5</b> Name of person from whom amount is received JOHN LUJAN FOR TEXAS	<b>8</b> Amount (\$) \$250.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78214	
	<b>7</b> Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2023	Name of person from whom amount is received Rep Andy Murr	Amount (\$) \$250.00
	Address of person from whom amount is received; City; State; Zip Code  Junction, TX 76849	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2023	Name of person from whom amount is received Rep Brooks Landgraf	Amount (\$) \$250.00
	Address of person from whom amount is received; City; State; Zip Code  Odessa, TX 79768	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2023	Name of person from whom amount is received Will Metcalf Campaign	Amount (\$) \$250.00
	Address of person from whom amount is received; City; State; Zip Code  Conroe, TX 77305	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	