GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this for	orm. 1 Filer ID (Ethics Commission Filers) 00042577	2 Total pages filed: 51
3 COMMITTEE NAME		OFFICE USE ONLY
National Association of Benefit and Insurance Profession	onals - Texas PAC	Date Received ELECTRONICALLY FILED 01/12/2024
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #	CITY; STATE; ZIP CODE	
ADDRESS 312 North Avenue East, Suite 5		Date Used delivered as Date Destroyed
		Date Hand-delivered or Date Postmarked
Change of Address Cranford, NJ 07016		Receipt # Amount
		Date Processed
		Date Imaged
5 CAMPAIGN MS / MRS / MR FIRST		MI
TREASURER Scott		
NICKNAME LAST		SUFFIX
Long		
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUITE #; CITY	(; STATE; ZIP CODE
TREASURER 1715 Greenway Village Drive		
ADDRESS		
(Residence or Business) Katy, TX 77494		
7 CAMPAIGN STREET OR PO BOX;	APT / SUITE #; CIT	TY; STATE; ZIP CODE
TREASURER 1715 Croopway Villago Driva		
ADDRESS		
Change of Address Katy, TX 77494		
8 CAMPAIGN AREA CODE PHONE NUMBE	R EXTENSION	
TREASURER PHONE (832) 457-1472		
9 REPORT X January 15	30th day before election	Dissolution (Attach PAC-DR)
ТҮРЕ СТОРИСТИИ СТОРИСТИ СТОРИСТИИ СТОРИСТИ И СТОРИСТИ И СТОРИСТИ И СТОРИСТИ И СТОРИСТИ И СТОРИСТИ И СТОРИ	8th day before election	10th day after campaign treasurer
July 15		termination
	Runoff	
10 PERIOD Month Day Year	Month Day	Year
COVERED 10/29/2023	THROUGH 12/31/20	023
11 ELECTION ELECTION DATE	ELECTION TYPE	
Month Day Year	Primary Runoff	Other
	General Special	
1		
	GO TO PAGE 2	
Forms provided by Texas Ethics Commission w	ww.ethics.state.tx.us	Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
National Association of	Benefit and Insurance	Professionals - Texas PAC	000425	577
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,766.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	59,859.33
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Scott	Long	
		Signature of Car	npaign Tre	asurer
	STAMP / SEAL ABOVE		vio the	.
		, th	"IS UIE	day
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

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

The Instru	ction Guide explains how to cor	mplete this fo	rm.	1	Total pages Schedule A1: Sch: 1/43 Rpt: 4/51	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
National Ass	ociation of Benefit and Insurance Pro	ofessionals - Tex			00042577	
4 Date	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
11/22/2023	Adams, Carla					\$12.50
	6 Contributor address; City; State; Zip (Code				
	Schertz, TX 78154					
	pation / Job title (See Instructions)	2	9 Employer (See Instructions)	5)		
Insurance A	jent		TASC			
Date		of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/22/2023	Adams, Carla					\$12.50
	Contributor address; City; State; Zip (
	Cohortz TV 70151					
Dringinal occu	Schertz, TX 78154	r	Employer (See Instructions)	<u> </u>		
Insurance A	pation / Job title (See Instructions)		TASC	5)		
				-		
Date		of-state PAC (ID#:)		Amount of Contribution (\$)	Φ10 E0
11/20/2023	Ahlquist, Neldia	~				\$12.50
	Contributor address; City; State; Zip (Code				
	Lake Jackson, TX 77566					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	. ;)		
Insurance			Self			
Date	Full name of contributor out-c	of-state PAC (ID#:)		Amount of Contribution (\$)	
12/20/2023	Ahlquist, Neldia					\$12.50
	Contributor address; City; State; Zip (Code				
	Lake Jackson, TX 77566					
	pation / Job title (See Instructions)		Employer (See Instructions)	5)		
Insurance			Self			
Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
11/09/2023	Ainsworth, Tabatha					\$12.50
	Contributor address; City; State; Zip (Code				
	Jacksonville TV 75766					
Dringinglagou	Jacksonville, TX 75766	r		Ĺ		
-	pation / Job title (See Instructions)		Employer (See Instructions) baker Insurance	5)		
Insurance A	Jent	I				

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 2/43 Rpt: 5/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2023	Ainsworth, Tabatha				\$12.50
		6 Contributor address; City; State; Zip Code		1		
		Jacksonville, TX 75766	-			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A		baker Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	11/07/2023	Antongiovanni, Joanna				\$12.50
		Contributor address; City; State; Zip Code]		
		Con Antonio TV 70270				
	Dringing occ	San Antonio, TX 78279 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		Wortham Insurance	5)		
╞				T	tt -f Opertuibution (Φ)	
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: Antongiovanni, Joanna)		Amount of Contribution (\$)	\$12.50
	12/01/2023			•		Φ12.30
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78279				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	Wortham Insurance			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/20/2023	Ashmore, Elizabeth				\$25.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79423	1			
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag		Self	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2023	Ashmore, Elizabeth				\$25.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79423				
┝	Principal Occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		Self	5)		
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 3/43 Rpt: 6/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2023	Avery, Wendy				\$12.50
	ļ	6 Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ					
		Rockwall, TX 75089				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Insurance Ag	yent	K&S Insurance Agency			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/20/2023	Avery, Wendy				\$12.50
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Rockwall, TX 75088				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	gent	K&S Insurance Agency			
	Date)	Γ	Amount of Contribution (\$)	
	11/20/2023	Barrera, Rolando				\$100.00
		Contributor address; City; State; Zip Code				
	ļ					
		Comus Christi TV 70412				
	Drivelasou	Corpus Christi, TX 78413		ŕ		
	Insurance Ag	ipation / Job title (See Instructions)	Employer (See Instructions Self	;)		
		- 		_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷405.00
	12/20/2023	Barrera, Rolando				\$125.00
		Contributor address; City; State; Zip Code				
	ļ	Corpus Christi, TX 78413				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د ا		
	Insurance Ag		Self	<i>'</i>		
╞				_	Amount of Contribution (ft)	
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: Bellman, Mark)		Amount of Contribution (\$)	\$50.00
	11/20/2023			-		Φ30.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75240				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Insurance Ag		UHC	''		
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 4/43 Rpt: 7/51	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
		sociation of Benefit and Insurance Professionals - Te			00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/20/2023	Bellman, Mark				\$50.00
	1	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Dallas, TX 75240				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	gent	UHC			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/23/2023	Bentley, Beau				\$12.50
	I	Contributor address; City; State; Zip Code		ł		
	I					
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	I	Bullard, TX 75789				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		CEBPET			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/23/2023	Bentley, Beau	/		, induit of 22	\$12.50
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	l	Bullard, TX 75789				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>∟</u> 3)		
	Insurance Ag		CEBPET	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/20/2023	Berry, Ernest	/		AIIIOUTIL OF CONTINUUTION (Ψ)	\$25.00
	11/20/2020	-		ł		Ψ20.00
	l	Contributor address; City; State; Zip Code				
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	l	Lubbock, TX 79424				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	=)		
	Insurance Ag		CEBPET	"		
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	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 25 00
	12/20/2023	Berry, Ernest				\$25.00
	l	Contributor address; City; State; Zip Code				
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	I	Lubback TV 70404				
		Lubbock, TX 79424	<u> </u>	Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	jent	Berry & Mojica Insuranc	;e		

Ē	The Instrue	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/43 Rpt: 8/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	National Ass	sociation of Benefit and Insurance Professionals -	Texas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	11/18/2023	Blair, Mary Ann				\$25.00
				1		
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		Tyler, TX 75703-3001				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Aç	jent	Hilliard Box Insurance			
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	12/18/2023	Blair, Mary Ann				\$25.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Tyler, TX 75703-3001				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	jent	Hilliard Box Insurance			
	Date Full name of contributor out-of-state PAC (ID#:)			Ī	Amount of Contribution (\$)	
	11/17/2023	Block, Howard				\$25.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Houston, TX 77080	<u> </u>	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		Self	-		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	12/17/2023	Block, Howard]		\$25.00
	ļ	Contributor address; City; State; Zip Code				
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┝	Dringing oppu	Houston, TX 77080	Employer (Coo Instruction)			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		Self			
	Date	Full name of contributor Out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	11/20/2023	Bolden, Michael				\$25.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Odesse TV 70761				
	Driveixel easy	Odessa, TX 79761	England (Cap Instruction	Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag		ALG Avery & Associate	S		

6 Contributor address; City; State; Zip Code 0 Odessa, TX 79761 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	rs) 25.00
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 12/20/2023 Bolden, Michael 6 Contributor address; City; State; Zip Code 7 6 Contributor address; City; State; Zip Code 00essa, TX 79761 9 Employer (See Instructions) ALG Avery & Associates 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	25.00
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 12/20/2023 Bolden, Michael 6 Contributor address; City; State; Zip Code 7 6 Contributor address; City; State; Zip Code 00essa, TX 79761 9 Employer (See Instructions) ALG Avery & Associates 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	25.00
12/20/2023 Bolden, Michael \$ 6 Contributor address; City; State; Zip Code \$ 0dessa, TX 79761 0dessa, TX 79761 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Bonczek, Christie \$	
12/20/2023 Bolden, Michael \$ 6 Contributor address; City; State; Zip Code \$ Odessa, TX 79761 Odessa, TX 79761 \$ 8 Principal occupation / Job title (See Instructions) Insurance Agent \$ \$ Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Bonczek, Christie \$ \$	
6 Contributor address; City; State; Zip Code Odessa, TX 79761 Odessa, TX 79761 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Bonczek, Christie Amount of Contribution (\$)	
Odessa, TX 79761 9 Employer (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) 11/19/2023 Amount of Contribution (\$)	13 75
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Bonczek, Christie \$	13 75
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Bonczek, Christie \$	13 75
Insurance Agent ALG Avery & Associates Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Bonczek, Christie \$	13 75
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/19/2023 Bonczek, Christie \$	13 75
11/19/2023 Bonczek, Christie \$	13 75
	13 75
	10.70
Houston, TX 77027	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
12/19/2023 Bonczek, Christie \$	13.75
Contributor address; City; State; Zip Code	
Houston, TX 77027	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Self	
Insurance Agent Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code \$	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Coppell, TX 75019	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code \$ Coppell, TX 75019 Employer (See Instructions)	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code \$ Coppell, TX 75019 Employer (See Instructions) Insurance Agent Upshaw Insurance	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$)	25.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code \$ Coppell, TX 75019 Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor (\$) Booth, Tonya \$ Coppell, TX 75019 Employer (See Instructions) Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/23/2023 Booth, Tonya S \$ Contributor address; City; State; Zip Code \$ \$	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor 12/23/2023 Booth, Tonya Coppell, TX 75019 Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Coppell, TX 75019 Coppell, TX 75019	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:) 12/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code Amount of Contribution (\$) Coppell, TX 75019 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Coppell, TX 75019 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code \$ Coppell, TX 75019 Employer (See Instructions) Insurance Agent Upshaw Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 12/23/2023 Booth, Tonya \$ Contributor address; City; State; Zip Code \$ Coppell, TX 75019 Coppell, TX 75019	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/43 Rpt: 10/51	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurance Professionals - Te			00042577	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/13/2023	Boucher, Eva				\$12.50
	1	6 Contributor address; City; State; Zip Code	1	1		
	I	1				
	I	1				
		Wylie, TX 75098				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance Ag	gent	Benefit Solutions by Des	sig	n-Brokerage	
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/20/2023	Bradberry1, Cherrie				\$12.50
	I	Contributor address; City; State; Zip Code				
	I					
	I	1				
	I	lowa Park, TX 76367				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Insurance Ag		Financial Partners			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	12/20/2023	Bradberry1, Cherrie	'			\$12.50
	12/20/2020	-		ł		Ψ12.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	l	lowa Park, TX 76367				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
	Insurance Ag		Financial Partners	''		
╞			<u> </u>	—	(d)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#C 0 5
	11/20/2023	Brooks, Isha				\$6.25
	I	Contributor address; City; State; Zip Code				
	I	1				
	I					
	<u></u>	Wichita Falls, TX 76308	<u> </u>	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Financial Partners			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2023	Brooks, Isha				\$6.25
	I	Contributor address; City; State; Zip Code	1	1		
	I	1				
	I	1				
		Wichita Falls, TX 76308				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance Ag	gent	Financial Partners			
⊢			1			

The Instruc				
	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/43 Rpt: 11/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
National Asso	ciation of Benefit and Insurance Professionals - Te		00042577	
Date !	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/20/2023	Buffum, Ronald		\$25	5.00
ļ	6 Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
Insurance	ation / Job title (See Instructions)	9 Employer (See Instructions) The Buffum Group		
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2023	Buffum, Ronald		ቅረር	5.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Insurance		The Buffum Group		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/15/2023	Burgess, Robbi			2.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78750			
	ation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Sal	es	UHC		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/15/2023	Burgess, Robbi		\$12	2.50
	Contributor address; City; State; Zip Code			
				l
	Austin. TX 78750			
Principal occup	Austin, TX 78750 ation / Job title (See Instructions)	Employer (See Instructions)		
Principal occup Insurance Sal	ation / Job title (See Instructions)	Employer (See Instructions) UHC		
	ation / Job title (See Instructions) les	UHC		
Insurance Sal	ation / Job title (See Instructions) les	UHC	Amount of Contribution (\$)	2.50
Insurance Sal	ation / Job title (See Instructions) les Full name of contributor out-of-state PAC (ID#:_ Burkholder, Karen	UHC	Amount of Contribution (\$)	2.50
Insurance Sal	ation / Job title (See Instructions) les Full name of contributor out-of-state PAC (ID#:	UHC	Amount of Contribution (\$)	2.50
Insurance Sal	ation / Job title (See Instructions) les Full name of contributor out-of-state PAC (ID#:_ Burkholder, Karen	UHC	Amount of Contribution (\$)	2.50
Insurance Sal	ation / Job title (See Instructions) les Full name of contributor out-of-state PAC (ID#:_ Burkholder, Karen	UHC	Amount of Contribution (\$)	2.50
Insurance Sal Date 11/20/2023	ation / Job title (See Instructions) les Full name of contributor out-of-state PAC (ID#:_ Burkholder, Karen Contributor address; City; State; Zip Code Richardson, TX 75081 ation / Job title (See Instructions)	UHC	Amount of Contribution (\$) \$12	2.50

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/43 Rpt: 12/51	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/20/2023	Burkholder, Karen				\$12.50
		6 Contributor address; City; State; Zip Code		1		
		Richardson, TX 75081				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance A	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/20/2023	Butler, Allison				\$12.50
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79109	1	Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A		Self	-		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	_
	12/20/2023	Butler, Allison				\$12.50
		Contributor address; City; State; Zip Code]		
		Amerille TV 70100				
┝	Dringinal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions	$\frac{1}{2}$		
	Insurance Ag		Employer (See Instructions Self	5)		
╞				Т	Amount of Contribution (ft)	
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢12 50
	11/20/2023	Castillo, Iris		-		\$12.50
		Contributor address; City; State; Zip Code				
		Mcallen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Account Mar		Higginbotham Ins Agend		Inc.	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	12/20/2023	Castillo, Iris	/		Allount of Contribution (4)	\$12.50
	 , -	Contributor address; City; State; Zip Code		1		Ŧ ·
		Mcallen, TX 78501				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>і</u> S)		
	Account Mar		Higginbotham Ins Agend		Inc.	
⊢						

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/43 Rpt: 13/51	
2 FILER NAME		:	3 Filer ID (Ethics Commission F	ilers)
National Asso	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/20/2023	Christensen, Elizabeth			\$12.50
ľ	6 Contributor address; City; State; Zip Code			
2 Dringing oppur	Weatherford, TX 76087	Employer (Cool Instructions)		
8 Principal occup Insurance Ag		9 Employer (See Instructions) United Senior Services		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#10 E0
12/20/2023	Christensen, Elizabeth			\$12.50
	Contributor address; City; State; Zip Code			
	Weatherford, TX 76087			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	1	
Insurance Ag		United Senior Services		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/20/2023	Clingan, Nedra		、.	\$12.50
	Helotes, TX 78024			
		· · · · ·		
	pation / Job title (See Instructions)	Employer (See Instructions)		
Principal occup Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions) United Healthcare		
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra			\$12.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:			\$12.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra			\$12.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra			\$12.50
Insurance Ag Date 12/20/2023	pation / Job title (See Instructions) Jent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024		Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023	pation / Job title (See Instructions) yent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 pation / Job title (See Instructions)	United Healthcare	Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023 Principal occup	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 pation / Job title (See Instructions) gent	United Healthcare	Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 pation / Job title (See Instructions) gent	United Healthcare	Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 pation / Job title (See Instructions) gent Full name of contributor Out-of-state PAC (ID#:_	United Healthcare	Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 bation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Cochran, Stacy	United Healthcare	Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 bation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Cochran, Stacy	United Healthcare	Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 bation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Cochran, Stacy	United Healthcare	Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date 11/07/2023	pation / Job title (See Instructions) gent Full name of contributor Out-of-state PAC (ID#:_ Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024 pation / Job title (See Instructions) gent Full name of contributor Out-of-state PAC (ID#:_ Cochran, Stacy Contributor address; City; State; Zip Code	United Healthcare	Amount of Contribution (\$)	

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/43 Rpt: 14/51	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/11/2023	Cochran, Stacy				\$12.50
		6 Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	gent	Caprock			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/07/2023	Cochran, Stacy				\$25.00
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	gent	Caprock			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2023	Cochran, Stacy				\$12.50
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	jent	Caprock			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2023	Cook, David				\$25.00
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76310				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	jent	Financial Partners			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/20/2023	Cook, David				\$25.00
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76310				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	jent	Financial Partners			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 12/43 Rpt: 15/51		
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
		ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2023 Cottar, Tom					\$25.00
		6 Contributor address; City; State; Zip Code				
		Baytown, TX 77521				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Insurance Sa	ales	United Major Medical			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2023	Cottar, Tom				\$25.00
		Contributor address; City; State; Zip Code				
		Baytown, TX 77521				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Sa	ales	United Major Medical			
	Date	—)		Amount of Contribution (\$)	
	11/20/2023	DeLeon, Rachelle				\$25.00
		Contributor address; City; State; Zip Code				
		Forles Dess TV 700E2				
\vdash	Dringingl oppu	Eagles Pass, TX 78852	Employer (See Instructions	<u> </u>		
	Insurance Sa	pation / Job title (See Instructions) ales	Employer (See Instructions Self	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 25 00
	12/20/2023	DeLeon, Rachelle				\$25.00
		Contributor address; City; State; Zip Code				
		Eagles Pass, TX 78852				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance Sa		Self	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/20/2023	DePaoli, Allison	,			\$12.50
	Contributor address; City; State; Zip Code					¥
		San Antonio, TX 78250				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Insurance Ag	gent	De Paoli Professional S	er∖	vices	
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The Instruction Guide explains how to complete this form. 1 Total pages Should A1: Sch: 13/43 Rpt: 16/51 2 FLER NAME National Association of Benefit and Insurance Professionals - Texas PAC 3 Filer (TD (Efficies Commission Filers) 000/2577 4 Date 12/20/202 5 Full name of contributor DePaoll, Allison 7 Amount of Contribution (\$) 6 Contributor address; City, State; Zip Code 7 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) De Paol Professional Services Date 12/20/202 Full name of contributor Rockport, TX 78362 0 auto-tsate PAC (DD*) De Paol Professional Services Date 12/20/203 Full name of contributor Rockport, TX 78362 Amount of Contribution (\$) Date 12/20/203 Full name of contributor Rockport, TX 78362 Employer (See Instructions) GSM Insurors Date 12/20/203 Full name of contributor Rockport, TX 78382. Employer (See Instructions) GSM Insurors Date 12/20/203 Full name of contributor Rockport, TX 78382. Employer (See Instructions) GSM Insurors Date 12/20/203 Full name of contributor Rockport, TX 78374 Amount of Contribution (\$) \$12.50 Date 12/20/2023 Full name of contributor Route address; City, State; Zip Code Portland, TX 78374 Amount of Contribution (\$) \$12.50 Date 12/20/2023 Full name of contributor Route address; City,							
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor		The Instru	ction Guide explains how to complete this f	orm.	1		
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor	2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
12/20/2023 DePaoli, Allison \$12.50 6 Contributor address; City; State; Zip Code \$12.50 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) De Paoli Professional Services Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) GSM Insurors Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Insurance Agent GSM Insurors GSM Insurors Amount of Contribution (S) \$12.50 11/05/2023 Full name of contributor out-of-state PAC (Dir State; Zip Code Amount of Contribution (S) \$12.50 11/05/2023 Full name of contributor out-of-state PAC (Dir State; Zip Code Amount of Contribution (S) \$12.50 <t< td=""><td></td><td>National Ass</td><td>sociation of Benefit and Insurance Professionals - Tϵ</td><td>exas PAC</td><td></td><td></td><td>-</td></t<>		National Ass	sociation of Benefit and Insurance Professionals - T ϵ	exas PAC			-
12/20/2023 DePaoli, Allison \$12.50 6 Contributor address; City; State; Zip Code \$12.50 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) De Paoli Professional Services Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) GSM Insurors Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dir Rockport, TX 78382 Amount of Contribution (S) \$25.00 Insurance Agent GSM Insurors GSM Insurors Amount of Contribution (S) \$12.50 11/05/2023 Full name of contributor out-of-state PAC (Dir State; Zip Code Amount of Contribution (S) \$12.50 11/05/2023 Full name of contributor out-of-state PAC (Dir State; Zip Code Amount of Contribution (S) \$12.50 <t< td=""><td>4</td><td>Date</td><td>5 Full name of contributor out-of-state PAC (ID#:</td><td>)</td><td>7</td><td>Amount of Contribution (\$)</td><td></td></t<>	4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
Image: San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent P Employer (See Instructions) De Paoli Professional Services Date Full name of contributor out-of-state PAC (DE=		12/20/2023 DePaoli, Allison					\$12.50
San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Insurance Agent P Employer (See Instructions) De Paoli Professional Services Date Full name of contributor out-of-state PAC (DE:			6 Contributor address; City; State; Zip Code		1		
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) De Paoli Professional Services Date Full name of contributor out-of-state PAC ((D)//) Amount of Contribution (S) 11/20/2023 Debler, John \$25.00 Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) GSM Insurors Date Full name of contributor out-of-state PAC ((D)//) Amount of Contributor address; City; State; Zip Code Amount of Contribution (S) 21/20/2023 Debler, John \$25.00 Contributor address; City; State; Zip Code Amount of Contribution (S) 12/20/2023 Evelor, TX 78382 Employer (See Instructions) Insurance Agent S25.00 Date Full name of contributor out-of-state PAC ((D)//) Amount of Contribution (S) 11/05/2023 Elliott-Harmon, Patil GSM Insurors S12.50 Date Full name of contributor out-of-state PAC ((D)//) Amount of Contribution (S) \$12.50 11/05/2023 Elliott-Harmon, Patil Employer (See Instructions) Insurance Agent Amount of Contri							
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) De Paoli Professional Services Date Full name of contributor out-of-state PAC ((D)//) Amount of Contribution (S) 11/20/2023 Debler, John \$25.00 Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) GSM Insurors Date Full name of contributor out-of-state PAC ((D)//) Amount of Contributor address; City; State; Zip Code Amount of Contribution (S) 21/20/2023 Debler, John \$25.00 Contributor address; City; State; Zip Code Amount of Contribution (S) 12/20/2023 Evelor, TX 78382 Employer (See Instructions) Insurance Agent S25.00 Date Full name of contributor out-of-state PAC ((D)//) Amount of Contribution (S) 11/05/2023 Elliott-Harmon, Patil GSM Insurors S12.50 Date Full name of contributor out-of-state PAC ((D)//) Amount of Contribution (S) \$12.50 11/05/2023 Elliott-Harmon, Patil Employer (See Instructions) Insurance Agent Amount of Contri							
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	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 14/43 Rpt: 17/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Texas PAC			00042577	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	11/20/2023	Ellis, Tom				\$6.25
		6 Contributor address; City; State; Zip Code		1		
		El Paso, TX 79925-7314				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Agent		Tom Ellis Insurance			
	Date	Full name of contributor 🛛 out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	12/20/2023	Ellis, Tom				\$6.25
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79925-7314				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		Tom Ellis Insurance			
	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	11/20/2023	Evans, Mike				\$12.50
		Contributor address; City; State; Zip Code		1		
		Coppell, TX 75019				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	Self			
	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	12/20/2023	Evans, Mike				\$12.50
		Contributor address; City; State; Zip Code		1		
		Coppell, TX 75019				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	Self			
	Date	Full name of contributor 🛛 out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	11/20/2023	Ferguson, Kathy				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78279		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	GBMB Insurance			
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The Instruc	ction Guide explains how to complete this f	iorm.	1	Fotal pages Schedule A1: Sch: 15/43 Rpt: 18/51	
2 FILER NAME			3 F	Filer ID (Ethics Commission	ı Filers)
	sociation of Benefit and Insurance Professionals - Te			00042577	
4 Date 12/20/2023	 5 Full name of contributor out-of-state PAC (ID#: Ferguson, Kathy 6 Contributor address; City; State; Zip Code)	7 A	Amount of Contribution (\$)	\$25.00
	San Antonio, TX 78279	Complexes (See Instructions			
Insurance A	upation / Job title (See Instructions) gent	9 Employer (See Instructions GBMB Insurance	5)		
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
11/20/2023	Ford, Holley				\$12.50
	Contributor address; City; State; Zip Code				
Duin singly good	Austin, TX 78738		Ĺ		
	upation / Job title (See Instructions)	Employer (See Instructions Humana	5)		
Insurance Ag	-		-		
Date	Full name of contributor out-of-state PAC (ID#:_)	A	Amount of Contribution (\$)	\$12.50
12/20/2023	Ford, Holley Contributor address; City; State; Zip Code				Ψ12.50
	Austin, TX 78738				
Principal occu Insurance Aç	upation / Job title (See Instructions) gent	Employer (See Instructions Humana	6)		
Date 11/07/2023	Full name of contributor out-of-state PAC (ID#: Fristoe, Kelly)	A	Amount of Contribution (\$)	\$25.00
	Contributor address; City; State; Zip Code				
	Wichita Falls, TX 76301				
Principal occu Insurance Aç	upation / Job title (See Instructions) gent	Employer (See Instructions Self	5)		
Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: Fristoe, Kelly Contributor address; City; State; Zip Code Wichita Falls, TX 76301)	, A	Amount of Contribution (\$)	\$25.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Insurance A		Self	,		

The Instru	uction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 16/43 Rpt: 19/51	
2 FILER NAMI	E		3 Filer ID (Ethics Commission File	ers)
	ssociation of Benefit and Insurance Professionals - To	exas PAC	00042577	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/20/2023	Gaines, Leawhnie		\$	\$12.50
	6 Contributor address; City; State; Zip Code		1	
	Euless, TX 76039			
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Insurance A	Agent	Self		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
11/20/2023				\$18.75
	Contributor address; City; State; Zip Code		•	
	Grapevine, TX 76051			
Principal occ	L cupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Insurance /		Innovative Insurance Sc		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
11/22/2023		/		\$12.50
11/22/2020			•	P12.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance A		Ameritas	"	
	-			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*10 E0
12/22/2023	·		¢ ب	\$12.50
	Contributor address; City; State; Zip Code			
	Ladianan TV 70550			
Dringingloog	Harlingen, TX 78550	Employer (Cap Instructions	<u> </u>	
	cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Insurance /		Ameritas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/02/2023	Goodman, Cynthia		\$	\$12.50
	Contributor address; City; State; Zip Code		1	
	Richardson, TX 75080			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)	
Insurance /	Agent	United Healthcare		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/43 Rpt: 20/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	s)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
12/02/2023	Goodman, Cynthia	\$12	2.50	
	6 Contributor address; City; State; Zip Code			
	Richardson, TX 75080			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance A	.gent	United Healthcare		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/07/2023	Grogan, Wayne		\$12	2.50
	Contributor address; City; State; Zip Code			
	Plano, TX 78025			
	upation / Job title (See Instructions)	Employer (See Instructions	,	
Insurance A	.gent	Special Insurance Servio	ces	
Date)	Amount of Contribution (\$)	
12/07/2023	Grogan, Wayne		\$12	2.50
	Contributor address; City; State; Zip Code			
	Diana TV 7002E			
Dringing logg	Plano, TX 78025 upation / Job title (See Instructions)		A	
Insurance A		Employer (See Instructions Special Insurance Service		
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	2 50
11/10/2023	Hamm, Phillip		φ12	2.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77043			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance A		Ameritas	7	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
12/10/2023		/		2.50
	Contributor address; City; State; Zip Code		· ·	L
	Houston, TX 77043			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Insurance A	lgent	Ameritas		
		<u> </u>		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/43 Rpt: 21/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/19/2023	Harrington, Paula		\$5	50.00
	6 Contributor address; City; State; Zip Code		1	
2 Drivelage	Plano, TX 75074		<u> </u>	
8 Principal occup Health Insura	pation / Job title (See Instructions) ance Broker	9 Employer (See Instructions Harrington Insurance So		
			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/19/2023	Harrington, Paula		ბთ	50.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Health Insura		Harrington Insurance Sc		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/20/2023	Harris, Polly	/		25.00
			4	
	Corpus Christi, TX 78413			
	pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag	jent	Polly Harris Insurance A	\gency	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2023	Harris, Polly		\$2	25.00
	Contributor address; City; State; Zip Code		1	
	Corpus Christi, TX 78413			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Insurance Ag		Polly Harris Insurance A		
Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: Hebert, Laura)	Amount of Contribution (\$)	6.25
THEOLECES			 	0.20
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78418			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ι</u> s)	
Insurance Ag	yent	Hebert Insurance		
		L		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/43 Rpt: 22/51
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/20/2023	Hebert, Laura		\$6.25
	6 Contributor address; City; State; Zip Code		·
	Corpus Christi, TX 78418		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance Ag	jent	Hebert Insurance	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/21/2023	Hoffman, Crystal		\$12.50
	Contributor address; City; State; Zip Code		1
	Sugar Land, TX 77487		
	pation / Job title (See Instructions)	Employer (See Instructions	,
Insurance Ag	yent	Hoffman Insurance Grou	pup
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/21/2023	Hoffman, Crystal		\$12.50
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77487		
	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance Ag	gent	Hoffman Insurance Grou	up
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/22/2023	Holloway, Ryan		\$12.50
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
	pation / Job title (See Instructions)	Employer (See Instructions	
Owner		Holloway Benefit Conce	epts
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/22/2023	Holloway, Ryan		\$12.50
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Owner		Holloway Benefit Conce	epts

The Ins	struction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 20/43 Rpt: 23/51	
2 FILER N	AME		3	Filer ID (Ethics Commission	ı Filers)
Nationa	l Association of Benefit and Insurance Professionals - T	exas PAC		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
11/07/2	11/07/2023 Irwin, Maria				\$12.50
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78744				
	occupation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Insuran	ce Sales	United Healthcare			
Date	Full name of contributor out-of-state PAC (ID#:	:)]	Amount of Contribution (\$)	_
12/07/2					\$12.50
	Contributor address; City; State; Zip Code]		
	Austin, TX 78744				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
-	ce Agent	United Healthcare	5)		
Date				Amount of Contribution (\$)	
11/20/2		:)			\$12.50
			$\left \right $		Ψ12.00
	Contributor address, City, State, Zip Code				
	Austin, TX 78746				
-	occupation / Job title (See Instructions)	Employer (See Instructions)	5)		
Insuran	ce Sales	United Healthcare			
Date	Full name of contributor out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
12/20/2	023 Jaques, Kevin				\$12.50
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78746				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ເ)		
	ce Sales	United Healthcare	,		
Date	Full name of contributor out-of-state PAC (ID#:	. <u>)</u>	Γ	Amount of Contribution (\$)	
11/20/2		·/			\$25.00
	Contributor address; City; State; Zip Code		\mathbf{I}		·
	San Antonio, TX 78249				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	5)		
Insuran	ce Agent	Self			

	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 21/43 Rpt: 24/51		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals -	Texas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	12/20/2023	Johnson, Sandra				\$25.00
		6 Contributor address; City; State; Zip Code		·		
		San Antonio, TX 78249				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance Ag	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	11/20/2023	Jones, Jamie				\$6.25
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77040				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	One Digita			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Τ	Amount of Contribution (\$)	
	12/20/2023	Jones, Jamie				\$6.25
		Contributor address; City; State; Zip Code				
		Houston, TX 77040				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	jent	One Digita			
	Date	Full name of contributor 🛛 out-of-state PAC (ID)#:)	T	Amount of Contribution (\$)	
	11/21/2023	Keathley, Bryan				\$12.50
		Contributor address; City; State; Zip Code		"		
		Arlington, TX 76012				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	jent	Safe Harbor Benefits Hi	iggi	nbotham	
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Τ	Amount of Contribution (\$)	
	12/21/2023	Keathley, Bryan				\$12.50
		Contributor address; City; State; Zip Code		"		
		Arlington, TX 76012				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Aç	gent	Safe Harbor Benefits Hi	iggi	nbotham	

National Association of Benefit and Insurance Professionals - Texas PAC 00042577				
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor out-of-state PAC (DIV	The Instru	ction Guide explains how to complete this f	orm.	
National Association of Benefit and Insurance Professionals - Texas PAC 00042577 4 Date 5 Full name of contributor out-of-state PAC (DIV	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
11/20/2023 Kelly, Renee \$12.50 6 Contributor address; City; State; Zip Code Austin, TX 78717 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 11/20/2023 Full name of contributor out-of-state PAC (DB:	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	
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Contributor address; City; State; Zip Code Boyd, TX 76023 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) State; Zip Code Amount of Contribution (\$) Amount of Contribution (\$) Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
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Contributor address; City; State; Zip Code Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions))	
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Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Amarillo, TX 79109		
	Principal occu		Employer (See Instructions	<u> </u>
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 23/43 Rpt: 26/51
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/20/2023	Knight, Jack		\$6.25
	6 Contributor address; City; State; Zip Code		1
	Amarillo, TX 79109		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> S)
Insurance Ag		Self	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
11/20/2023	Lawlis, Rita		\$12.50
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79424		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Ag	gent	Ashmore & Associates	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2023	Lawlis, Rita		\$12.50
	Contributor address; City; State; Zip Code		1
	Lubbock, TX 79424		<u> </u>
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance Ag		Ashmore & Associates	·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/20/2023	Leal, Gary		\$12.50
	Contributor address; City; State; Zip Code		
	Rosharon, TX 77583		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)
	ales Consultant	BCBS-TX	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2023	Leal, Gary		\$12.50
	Contributor address; City; State; Zip Code		1
	Rosharon, TX 77583		
-	Ipation / Job title (See Instructions)	Employer (See Instructions	š)
Producer Sa	les Consultant	BCBS-1X	
Producer Sa	ales Consultant	BCBS-TX	

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 24/43 Rpt: 27/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/20/2023	Ledgerwood, Michael			25.00
	6 Contributor address; City; State; Zip Code			
	Cypress, TX 77433			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u>	
Insurance Sa	ales	Senior Health Plans of T	Гехаs	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/20/2023	Ledgerwood, Michael			25.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77433			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Insurance Sa	ales	Senior Health Plans of T	Гехаs	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/20/2023	Lee, Diane			\$6.25
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78401			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Insurance Ag	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)	
12/20/2023	Lee, Diane		\$	\$6.25
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78401			
-	upation / Job title (See Instructions)	Employer (See Instructions	 ۵)	
Insurance Ag	yent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/05/2023	Long, Scott		\$1	12.50
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Insurance Ag	yent	Self		
		<u> </u>		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 25/43 Rpt: 28/51	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/05/2023	Long, Scott				\$12.50
		6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Katy, TX 77494				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Aç	gent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/18/2023	Lopez, Melissa				\$12.50
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		San Antonio, TX 78260-2252				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	jent	Aetna TX			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	12/18/2023	Lopez, Melissa				\$12.50
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		San Antonio, TX 78260-2252		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Aetna TX	5)		
	Insurance Ag		Aema IX	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2023	Martin, Patricia				\$12.50
	ł	Contributor address; City; State; Zip Code				
	ł					
	ł	Houston, TX 77056				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Self	5)		
╞				.		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	12/20/2023	Martin, Patricia				ΦΤΖ.Ου
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Houston, TX 77056				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Insurance Ag		Self	-,		
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The Ins	struction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/43 Rpt: 29/51	
2 FILER N/	AME		3 F	Filer ID (Ethics Commission	ı Filers)
National	Association of Benefit and Insurance Professionals - T	exas PAC	0	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	
11/10/20	023 Meason, Toby				\$12.50
	6 Contributor address; City; State; Zip Code		1		
	Amarillo, TX 79101				
	occupation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Insuranc		Self	_		
Date	Full name of contributor out-of-state PAC (ID#:	:)	 	Amount of Contribution (\$)	_
12/10/20]		\$12.50
	Contributor address; City; State; Zip Code				
	Amarillo, TX 79101				
Princinal	occupation / Job title (See Instructions)	Employer (See Instructions)	<u>ב)</u>		
Insuranc		Self	<i></i>		
Date)		Amount of Contribution (\$)	
11/20/20		·/			\$12.50
<u></u> ,,	Contributor address; City; State; Zip Code		-		Ψ±=
	Tyler, TX 75701				
	occupation / Job title (See Instructions)	Employer (See Instructions)	5)		
Insuranc	e Agent	Hibbs Hallmark			
Date	Full name of contributor out-of-state PAC (ID#:)	A A	Amount of Contribution (\$)	
12/20/20	023 Miller, Derella Ann]		\$12.50
	Contributor address; City; State; Zip Code]		
	Tyler, TX 75701				
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 5)		
Insuranc		Hibbs Hallmark	,		
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
11/20/20					\$12.50
	Contributor address; City; State; Zip Code		1		
	Fritch, TX 79036				
	occupation / Job title (See Instructions)	Employer (See Instructions)	5)		
Insuranc	e Agent	Self			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/43 Rpt: 30/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	12/20/2023	Naylor, Candice			- ·	\$12.50
	1	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ	Fritch, TX 79036				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	上 3)		
	Insurance Ag		Self			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	11/20/2023	Ott, Rick	/			\$6.25
	11,20,2020	Contributor address; City; State; Zip Code		•		** .=e
	ļ	Continuation address, City, State, Zip Code				
	ļ	Corpus Christi, TX 78403				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Insurance Ag		Self	-,		
⊨	Date	-	<u> </u>	Π	Amount of Contribution (\$)	
	12/20/2023	Full name of contributor out-of-state PAC (ID#: Ott, Rick)			\$6.25
	12/20/2020			-		Ψ0.20
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Corpus Christi, TX 78403				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Insurance Ag		Self	,		
╞	Date	- 		Τ	Amount of Contribution (\$)	
	Dale 11/20/2023)		Amount of Contribution (\$)	\$12.50
	11/20/2023	Pancerz, Claire				Φ12.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Dallas, TX 75251				
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Insurance Ag		Holmes Murphy & Asso		itac	
╞						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 40 F0
	12/20/2023	Pancerz, Claire				\$12.50
	ļ	Contributor address; City; State; Zip Code				
	ļ					
\vdash		Dallas, TX 75251		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions		· · ·	
	Insurance Aç	jent	Holmes Murphy & Asso	cia	tes	
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The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 28/43 Rpt: 31/51
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
National Association of Benefit and Insurance Professionals - Te		00042577
4 Date 5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/19/2023 Parkey, Sarah		\$12.50
6 Contributor address; City; State; Zip Code		
Corpus Christi, TX 78451		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Insurance Agent	Carlisle Insurance Agen	су
Date Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/19/2023 Parkey, Sarah		\$12.50
Contributor address; City; State; Zip Code		
Corpus Christi, TX 78451		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Insurance Agent	Carlisle Insurance Agen	су
Date Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/20/2023 Perryman, Melissa		\$12.50
Contributor address; City; State; Zip Code		
Austin, TX 78730		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	
Insurance Agent	Self	
Date Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/20/2023 Perryman, Melissa		\$12.50
Contributor address; City; State; Zip Code		
Austin, TX 78730		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	
Insurance Agent	Self	
Date Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/20/2023 Phifer, Joe		\$12.50
Contributor address; City; State; Zip Code		
Dallas, TX 75219		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	
Insurance Agent	Sun Life Financial	

F	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/43 Rpt: 32/51
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	12/20/2023	Phifer, Joe		\$12.50
		6 Contributor address; City; State; Zip Code		•
		Dallas, TX 75219	•	
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Insurance A	yent	Sun Life Financial	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/02/2023	Pleasants, Jennifer		\$25.00
		Contributor address; City; State; Zip Code]
		Cornue Christi TV 70/1/		
\vdash	Dringinal occu	Corpus Christi, TX 78414 upation / Job title (See Instructions)	Employer (See Instructions	~\
	Account Mar		UnitedHealthcare Emplo	
╞				-
	Date 12/02/2023	Full name of contributor out-of-state PAC (ID#: Pleasants, Jennifer)	Amount of Contribution (\$) \$25.00
	12/02/2025			ψ20.00
		Contributor address; City; State; Zip Code		
		Corpus Christi, TX 78414		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Account Mar	nager	UnitedHealthcare Emplo	oyer & Individual
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/19/2023	Rasmussen, Reid		\$12.50
		Contributor address; City; State; Zip Code		1
		Mckinney, TX 75071	1 <u>/o hastaatiaa</u>	
		upation / Job title (See Instructions)	Employer (See Instructions fresh benies	5)
	Agent			T
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/19/2023	Rasmussen, Reid		\$12.50
		Contributor address; City; State; Zip Code		
		Mckinney, TX 75071		
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Agent		fresh benies	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 30/43 Rpt: 33/51	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	5)
National Ass	sociation of Benefit and Insurance Professionals - Te		00042577	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/16/2023				2.50
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77043			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance A	gent	One Digital		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/20/2023	Reynolds, Caleb			2.50
	Contributor address; City; State; Zip Code		4	
	Austin, TX 78748			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/20/2023	Reynolds, Caleb			2.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78748			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)	
11/20/2023	Richiuso, Christine		\$12	2.50
	Contributor address; City; State; Zip Code			
	Murphy, TX 75094			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2023	Richiuso, Christine		\$12	2.50
	Contributor address; City; State; Zip Code		1	
	Murphy, TX 75094			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Insurance Ag	gent	Self		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 31/43 Rpt: 34/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2023	Rios-Carl, Elizabeth				\$25.00
		6 Contributor address; City; State; Zip Code		1		
	I					
	l					
Ļ		El Paso, TX 79912		L		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A		Benefit Solutions	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2023	Rios-Carl, Elizabeth				\$25.00
	l	Contributor address; City; State; Zip Code				
	I					
		El Paso, TX 79912				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	Insurance Ag		Benefit Solutions	.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/20/2023	Rivera, Marisa	/		/ mount of contraction (1)	\$12.50
		Contributor address; City; State; Zip Code		ł		
	l					
	l					
		McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Insurance A	jent	One Digital			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/20/2023	Rivera, Marisa				\$12.50
		Contributor address; City; State; Zip Code]		
	l					
	l	McAllen, TX 78501				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Insurance Ag		One Digital	"		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	11/20/2023	Rivera, Mike)			\$100.00
	11/20/2020	Contributor address; City; State; Zip Code		ł		Ψ100.00
	I					
	l	Houston, TX 77040				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	gent	Newkirk & Newkirk			
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/43 Rpt: 35/51	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	National Association of Benefit and Insurance Professionals - Texas PAC				00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/20/2023	Rivera, Mike				\$100.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77040				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Insurance A	gent	Newkirk & Newkirk			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/15/2023	Roberts, Danielle				\$12.50
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Owner		Boomer Benefits			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/15/2023	Roberts, Danielle				\$12.50
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Owner		Boomer Benefits			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2023	Robinson, Judith				\$25.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Insurance A	gent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2023	Robinson, Judith				\$25.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Insurance A	gent	Self			

	The Instru	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/43 Rpt: 36/51	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance F	Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/20/2023	Rolf, Rita	· _			· · · · · · · · · · · · · · · · · · ·	\$12.50
		6 Contributor address; City; State; Z	7in Code		·		·
	ļ						
		1					
	ļ	Allen, TX 75013					
8	Principal occu	pation / Job title (See Instructions)	,	9 Employer (See Instructions	<u> </u>		
-	Insurance Ag		ļ	TexCap Insurance Serv		3	
╞					T		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢12 E0
	12/20/2023	Rolf, Rita					\$12.50
	ļ	Contributor address; City; State; Z	Zip Code				
	ļ	1					
	ļ						
\vdash		Allen, TX 75013					
		pation / Job title (See Instructions)	ļ	Employer (See Instructions			
L	Insurance Ag	jent]	TexCap Insurance Serv	/ices	;	
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	11/20/2023	Scott, Nicole					\$12.50
		Contributor address; City; State; Z	Zip Code		·		
		1	•				
		1					
		San Antonio, TX 78249					
⊢	Principal occu	pation / Job title (See Instructions)	I	Employer (See Instructions	s)		
	Insurance Sa	ales	ļ				
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	12/20/2023	Scott, Nicole	שויטו-אמופ ו הט נושיי	/		Allount of Contribution (+)	\$12.50
	1212012020						Φ12.00
	ļ	Contributor address; City; State; Z	Zip Code				
	ļ	1					
	ļ	San Antonio, TX 78249					
┡	Dringing occu	Ipation / Job title (See Instructions)	,	Employer (See Instructions	<u> </u>		
	Insurance Sa	,	ļ	Employer (See Instructions	S)		
L]				
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/15/2023	Sherman, Joe					\$12.50
	ļ	Contributor address; City; State; Z	Zip Code		1		
	ļ	1					
	ļ	1					
	ļ	Dallas, TX 75248					
	Principal occu	pation / Job title (See Instructions)	·	Employer (See Instructions	s)		
	Insurance Ag	yent	ļ	The Insurance Exchang	ge		
⊢			<u> </u>		_		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/43 Rpt: 37/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/15/2023	Sherman, Joe				\$12.50
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75248				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	yent	The Insurance Exchange	e		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/20/2023	Smith, Craig				\$12.50
		Contributor address; City; State; Zip Code				
		T. Jos TV 75709				
⊢	Dringing occu	Tyler, TX 75703	Employer (See Instructions			
	Insurance A	ipation / Job title (See Instructions)	Employer (See Instructions Ark Assurance)		
⊨				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ</u> 10 E0
	12/20/2023	Smith, Craig				\$12.50
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A	gent	Ark Assurance			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2023	Smith, Mike			• -	\$25.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75057				
		ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance A	jent	The Brokerage, Inc.			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2023	Smith, Mike				\$25.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75057				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Insurance A		The Brokerage, Inc.	J		
┡		jon	The blokerage, me.			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/43 Rpt: 38/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		sociation of Benefit and Insurance Professionals - Te			00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/09/2023	Snyder, Stephen				\$12.50
	ł	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Dallas, TX 75231				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Insurance Ag	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/09/2023	Snyder, Stephen				\$12.50
	I			•		
	I					
	I					
	I	Dallas, TX 75231				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Insurance Ag		Self			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/25/2023	Southan, Tamela	/			\$50.00
	11,20,2020	Contributor address; City; State; Zip Code		•		400.0 2
	I	Continuation address, City, State, Lip Code				
	I					
	I	Dallas, TX 75218-4320				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>الــــــــــــــــــــــــــــــــــــ</u>		
	Insurance Ag		Self	''		
╞		<u> </u>	<u> </u>	_	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀደላ ባህ
	12/25/2023	Southan, Tamela				\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Dallas, TX 75218-4320				
┡	Dringingl occu		Employer (See Instructions			
	Insurance Ag	upation / Job title (See Instructions)	Employer (See Instructions Self	5)		
L				. 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2023	Splawn, W. Craig				\$30.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
L		Houston, TX 77077				
Γ		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance Ag	gent	Splawn & Associates			

The Instr	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 36/43 Rpt: 39/51
2 FILER NAMI	 E		3 Filer ID (Ethics Commission Filers)
	ssociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/20/2023	3 Stair, B. Gene		\$7.5
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78738		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance /	Agent	Stair & Associates LLC	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/20/2023			\$7.5
	Contributor address; City; State; Zip Code		
	Austin, TX 78738		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance /	Agent	Stair & Associates LLC	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/20/2023			\$12.5
	Contributor address; City; State; Zip Code		
	Frisco, TX 75033		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance /	Agent	Marsh & McLennan	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/20/2023	3 Stanley, Jennifer		\$12.5
	Contributor address; City; State; Zip Code		
	Frisco, TX 75033		
	cupation / Job title (See Instructions)	Employer (See Instructions)
Insurance /	Agent	Marsh & McLennan	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/03/2023	3 Stockstill, Beckie		\$12.5
	Contributor address; City; State; Zip Code		
	Deer Park, TX 77536		
-	cupation / Job title (See Instructions)	Employer (See Instructions	
Insurance /	Agent	Self	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 37/43 Rpt: 40/51
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/03/2023	Stockstill, Beckie		\$12.50
	6 Contributor address; City; State; Zip Code		
	Deer Park, TX 77536		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Insurance Aç	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/20/2023	Stokes Lee, Susan		\$25.00
	Contributor address; City; State; Zip Code		
	- · ·		
	Spring, TX 77389		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2023	Stokes Lee, Susan		\$25.00
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance Aç	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/20/2023	Stubbs, Clifton		\$12.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions) ;)
Insurance Ag		Self	, ,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/20/2023	Stubbs, Clifton		\$12.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance Ag	gent	Self	
		1	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/43 Rpt: 41/51	_
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	ociation of Benefit and Insurance Professionals - Te		00042577	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/20/2023	Sullivan, Audra			\$6.25
	6 Contributor address; City; State; Zip Code			
	Arlington, TX 76006			
B Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>.</u>	
Insurance Ag		Vogue Insurance)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
12/20/2023	Sullivan, Audra	/		\$6.25
12,20,2020	Contributor address; City; State; Zip Code			Ψ 0
	Contributor address, City, State, Zip Code			
	Arlington, TX 76006			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance Ag	jent	Vogue Insurance		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/20/2023	Swanson, Cynthia			\$12.50
	Contributor address; City; State; Zip Code			
	Tyler, TX 75711			
	-			
	pation / Job title (See Instructions)	Employer (See Instructions	,	
Principal occup Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions Hibbs Hallmark & Comp	,	
Insurance Ag	pation / Job title (See Instructions)		Amount of Contribution (\$)	
Insurance Ag	pation / Job title (See Instructions) gent		Amount of Contribution (\$)	\$12.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Swanson, Cynthia		Amount of Contribution (\$)	\$12.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Swanson, Cynthia		Amount of Contribution (\$)	\$12.50
Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Swanson, Cynthia		Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023	pation / Job title (See Instructions) gent Full name of contributor Swanson, Cynthia Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:	Hibbs Hallmark & Comp	Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023 Principal occup	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:	Hibbs Hallmark & Comp	Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:	Hibbs Hallmark & Comp	Amount of Contribution (\$) Amount of Contribution (\$) any Amount of Contribution (\$)	\$12.50
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Swanson, Cynthia Contributor address; City; State; Zip Code Tyler, TX 75711 pation / Job title (See Instructions) gent Full name of contributor Out-of-state PAC (ID#:_ Full name of contributor	Hibbs Hallmark & Comp	Amount of Contribution (\$) Amount of Contribution (\$) any Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor Swanson, Cynthia Contributor address; City; State; Zip Code Tyler, TX 75711 pation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Sypert, Steve	Hibbs Hallmark & Comp	Amount of Contribution (\$) Amount of Contribution (\$) any Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor Swanson, Cynthia Contributor address; City; State; Zip Code Tyler, TX 75711 pation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Sypert, Steve	Hibbs Hallmark & Comp	Amount of Contribution (\$) Amount of Contribution (\$) any Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date	pation / Job title (See Instructions) gent Full name of contributor Swanson, Cynthia Contributor address; City; State; Zip Code Tyler, TX 75711 pation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Sypert, Steve	Hibbs Hallmark & Comp	Amount of Contribution (\$) Amount of Contribution (\$) any Amount of Contribution (\$)	
Insurance Ag Date 12/20/2023 Principal occup Insurance Ag Date 11/20/2023	pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Swanson, Cynthia Contributor address; City; State; Zip Code Tyler, TX 75711 pation / Job title (See Instructions) gent Full name of contributor Gut-of-state PAC (ID#:_ Sypert, Steve Contributor address; City; State; Zip Code Lubbock, TX 79464 pation / Job title (See Instructions)	Hibbs Hallmark & Comp	Amount of Contribution (\$) Amount of Contribution (\$) any Amount of Contribution (\$)	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 39/43 Rpt: 42/51
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/20/2023	Sypert, Steve		\$12.50
	6 Contributor address; City; State; Zip Code		1
	Lubbock, TX 79464		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/21/2023	Theesfeld, Angela		\$12.50
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78258		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/21/2023	Theesfeld, Angela		\$12.50
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78258		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/20/2023	Thorne, Roblyn		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78749		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Ag	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2023	Thorne, Roblyn		\$12.50
	Contributor address; City; State; Zip Code		1
	Austin, TX 78749		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Ag	jent	Self	
1			

L						
	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 40/43 Rpt: 43/51	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	- ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2023	Trebing, C. Louanne				\$25.00
		6 Contributor address; City; State; Zip Code		"		
	ļ					
	ļ	Garland, TX 75042				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance Aç	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	12/20/2023	Trebing, C. Louanne				\$25.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	1	Garland, TX 75042				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	us)		
	Insurance Ag	gent	Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	11/11/2023	Vasquez Ramirez, Valeria				\$12.50
	1	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ					
	ļ	San Antonio, TX 78233				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Insurance Ag	gent	Davidson Camp Insurar	nce	Services, LLC	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	12/11/2023	Vasquez Ramirez, Valeria			• •	\$12.50
	1	Contributor address; City; State; Zip Code		·		
	ļ					
	ļ	San Antonio, TX 78233				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	us)		
	Insurance Ag		Davidson Camp Insurar		Services, LLC	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	11/20/2023	Walker, Kenneth			· · · · · · · · · · · · · · · · · · ·	\$25.00
		Contributor address; City; State: Zip Code				Ŧ -
	ļ	Contributor address, City, State, Eip Code				
	ļ					
	ļ	Austin, TX 79721				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L is)		
	Owner		Nexus Insurance Marke		a	
⊢			<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/43 Rpt: 44/51	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/20/2023	Walker, Kenneth				\$25.00
		6 Contributor address; City; State; Zip Code				
_	<u></u>	Austin, TX 79721		Ĺ		
8	Owner	ipation / Job title (See Instructions)	9 Employer (See Instructions Nexus Insurance Marke		a	
					-	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.50
	11/23/2023	Wallace, Kasey				\$12.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Account Exe		Kilpatrick Companies	,		
	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	12/23/2023	Wallace, Kasey)		/	\$12.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77041				
		upation / Job title (See Instructions)	Employer (See Instructions)		
	Account Exe	cutive	Kilpatrick Companies			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/17/2023	Wallin, Johnny				\$12.50
		Contributor address; City; State; Zip Code				
		Kennedale, TX 76060				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	[;)		
	Insurance A		Self	,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/17/2023	Wallin, Johnny				\$12.50
		Contributor address; City; State; Zip Code				
		Kennedale, TX 76060				
		ipation / Job title (See Instructions)	Employer (See Instructions)		
	Insurance A	gent	Self			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/43 Rpt: 45/51	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2023	Wild, Trei				\$12.50
		6 Contributor address; City; State; Zip Code				
		Plano, TX 75025				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Insurance A	yent	Protect Plans			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
	12/20/2023	Wild, Trei				\$12.50
		Contributor address; City; State; Zip Code	Į			
L		Plano, TX 75025		Ĺ		
	Principal occu Insurance Ag	upation / Job title (See Instructions)	Employer (See Instructions Protect Plans	;)		
L				—		
	Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	* 40 50
	10/29/2023	Willingham, Sean				\$12.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 5)		
	Agent		Medicare Man			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/29/2023	Willingham, Sean			/	\$12.50
	-	Contributor address; City; State; Zip Code				·
		San Antonio, TX 78259				
Γ		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Agent		Medicare Man			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/29/2023	Willingham, Sean				\$12.50
		Contributor address; City; State; Zip Code	1			
		San Antonia TV 70250				
┝	Dringing occ	San Antonio, TX 78259	Employer (See Instructions	$\sum_{i=1}^{n}$		
	Principal occu Agent	upation / Job title (See Instructions)	Employer (See Instructions Medicare Man	5)		
\vdash	Ауста					

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

PLEDGED CONTRIBUTIONS

	The	Instruction Guide explains how to comple	te this form.	1	Total pages S Sch: 1/1 Rp			
2	FILER NAME	Ξ		3	Filer ID	(Ethics	Commission Filers)	
	National As	sociation of Benefit and Insurance Professionals -	Texas PAC		00042577			
4	TOTAL O	UNITEMIZED PLEDGES			\$			0.00
5	Date	 6 Full name of pledgorout-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip Code)	8	Amount of pledge (\$)	9 	In-kind description (If applicable) of Texas. Complete Sch	edule T.
10) Principal occ	upation / Job title (See Instructions)	11 Employer (See Instru	ctic	ons)			

LOANS					SCHEDU	LE E
The Instruction Guide expla	ins how to complete	e this form.			ges Schedule E: 1 Rpt: 48/51	
2 FILER NAME National Association of Benefit a	nd Insurance Professior	nals - Texas P	AC	3 Filer ID 000425	(Ethics Commission	Filers)
⁴ TOTAL OF UNITEMIZED LO.	ANS			ł	\$	0.00
5 Date of loan 7 Name of lende	er out-o	f-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	ss; City;	State; Z	ip Code		10 Interest Rate	
					11 Maturity Date	
12 Principal occupation / Job title (See I	nstructions)	13 Er	nployer (See Instructio	ns)		
14 Description of Collateral		15 Cł	eck if personal funds v]	vere deposited	l into political account (See Instructions)	
16 GUARANTOR I7 Name of guard INFORMATION	antor	l			19 Amount Guarante	ed (\$)
not applicable 18 Guarantor add	dress; City;	State; Z	ip Code			
20 Principal occupation		21 Er	nployer (See Instructio	ns)		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
Date 11/28/2023	5 Payee name Quickbook Payments	· · ·
Amount (\$) 4.16 Expenditure from	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200	
Corporate funds PURPOSE OF EXPENDITURE	Woodland Hills, CA 91367 (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 Expenditure from	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200	
corporate funds PURPOSE OF EXPENDITURE	Woodland Hills, CA 91367 (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 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 Expenditure from corporate funds	Payee Address; City; State; Zip 201 E. 14th St., 10th Floor Austin, TX 78701	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. Late Filing Fee

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

SCHEDULE K

I The Instruction Guide explains how to complete this form.						pages Schedule K: 1/1 Rpt: 51/51	
2 FILER NAME 3 F						ID (Ethics Commissi	on Filers)
	National Ass	ioci	0004	2577			
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	12/31/2023		JOHN LUJAN FOR TEXAS				\$250.00
		6 Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78214				
	7 Purpose for which amount is received X Check if political contribution returned to filer						ler
╞	Date Name of person from whom amount is received					Amount (\$)	
	12/31/2023 Rep Andy Murr						\$250.00
	Address of person from whom amount is received; City; State; Zip Code						
			Junction, TX 76849				
			Purpose for which amount is received X Check if p	oliti	cal con	ntribution returned to fi	ler
	Date Name of person from whom amount is received					Amount (\$)	
	12/31/2023 Rep Brooks Landgraf						\$250.00
	Address of person from whom amount is received; City; State; Zip Code						
			Odessa, TX 79768				
			Purpose for which amount is received X Check if p	oliti	cal con	ntribution returned to fi	ler
	Dete					A	
	Date				Amount (\$)	\$250.00	
	12/31/2023 Will Metcalf Campaign Address of person from whom amount is received; City; State; Zip Code					φ250.00	
			Conroe, TX 77305				
			Purpose for which amount is received X Check if p	oliti	cal cor	ntribution returned to fi	ler