### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069829 3 COMMITTEE NAME **OFFICE USE ONLY** RVOS Farm Mutual Insurance Group Political Action Committee Date Received **ELECTRONICALLY FILED** 02/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 6106 Change of Address Temple, TX 76503-6106 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Barbara Renee NAME Date Processed NICKNAME **SUFFIX** LAST Renee Date Imaged Quinn CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2301 S. 37th St. STREET **ADDRESS** (Residence or Business) Temple, TX 76504 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2301 S. 37th St. MAILING **ADDRESS** Change of Address Temple, TX 76504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (254) 773-2181 x225 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED**

GO TO PAGE 2
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12/26/2023

01/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer	•	Ethics Commission Filers)
RVOS Farm Mutual	Insurance Group Political	Action Committee	0006	59829	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Manauran	A. Supported			
	Measures     (Describe by date and location)	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER TI	HAN		
TOTALS		OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)		\$	0.00
		qualifies for the higher itemization threshold			
		L CONTRIBUTIONS	MIC)	\$	673.70
	<u> </u>	DGES, LOANS, OR GUARANTEES OF LOA	4115)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
			5 1 4 0 T 5 A V		
CONTRIBUTION BALANCE	OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE G PERIOD	E LAST DAY	\$	5,297.65
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE	\$	0.00
6 AFFIDAVIT					
.6 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information re	at the acco equired to	ompanying report is be reported by me
			Barbara Renee		
		Signatur	re of Campaign <sup>-</sup>	rreasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said		, this the		day
		which, witness my hand and seal of office.			
					<del></del>
Signature of officer	administering oath	Printed name of officer administering oath	Title	of officer a	administering oath

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

					3 of 24
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commissi	ion Filers)
RV	OS Fai	rm Mutual Insurance Group Political Action Committee	00069829	•	,
		SUBTOTALS			
l		SCHEDULE		SUBTOTAL	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	673.70
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				T	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	<u> </u>			Ψ	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	)R		
, T.	Ш	ORGANIZATION		\$	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		COLIEDURE CAN MONETARY CURRORT FROM CORRORATION OR LAROR			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10.	П	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	
	<u> </u>			Ψ	
11		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
11.	Ш	SCHEDULE FZ. UNFAID INCORRED OBLIGATIONS		\$	
40			2112		
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	JNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	12.99
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
I					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/20 Rpt: 4/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/12/2024	5 Full name of contributor out-of-state PAC (ID#: BURNETT, GREGORY  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$5.00
		TEMPLE, TX 76502				
8	Principal occu	. , ,	9 Employer (See Instructions RVOS FARM MUTUAL	,	SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor			Amount of Contribution (\$)	\$5.00
	Principal occu	TEMPLE, TX 76502	Employer (See Instructions	 s)		
	IT MANAGE		RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor			Amount of Contribution (\$)	\$5.00
		TEMPLE, TX 76502				
	Principal occu IT MANAGE	pation / Job title (See Instructions)	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/25/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu IT MANAGE	TEMPLE, TX 76502  upation / Job title (See Instructions) ER	Employer (See Instructions		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)	Employer (See Instructions		CUDANOE COMPANY	
	IT MANAGE	IK	RVOS FARM MUTUAL	IN:	SUKANCE CUMPANY	

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/20 Rpt: 5/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committe	ee		3	Filer ID (Ethics Commission F 00069829	ilers)
4	Date 01/12/2024	5 Full name of contributor  out-of-state PAC (ID: CARLSON, STACY  6 Contributor address; City; State; Zip Code	#:	)	7	Amount of Contribution (\$)	\$2.50
8	Principal occu UNDERWRI	HOLLAND, TX 76534 pation / Job title (See Instructions) TER	9	Employer (See Instructions		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID: CARLSON, STACY  Contributor address; City; State; Zip Code  HOLLAND, TX 76534 pation / Job title (See Instructions)	#:	Employer (See Instructions		Amount of Contribution (\$)	\$2.50
	UNDERWRI			RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID: CARLSON, STACY  Contributor address; City; State; Zip Code  HOLLAND, TX 76534	#:	)		Amount of Contribution (\$)	\$2.50
	Principal occu UNDERWRI	pation / Job title (See Instructions)		Employer (See Instructions		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID: CARLSON, STACY  Contributor address; City; State; Zip Code  HOLLAND, TX 76534	#:			Amount of Contribution (\$)	\$2.50
	Principal occu UNDERWRI	pation / Job title (See Instructions) TER		Employer (See Instructions		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID: CARLSON, STACY  Contributor address; City; State; Zip Code  HOLLAND, TX 76534	#:			Amount of Contribution (\$)	\$2.50
	Principal occu UNDERWRI	pation / Job title (See Instructions) TER		Employer (See Instructions RVOS FARM MUTUAL	•	SURANCE COMPANY	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/20 Rpt: 6/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Poli	tical Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/12/2024	<ul><li>5 Full name of contributor CARROLL, CLINT</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
8		SALADO, TX 76571-7657 pation / Job title (See Instructions		9 Employer (See Instructions			
	CLAIMS SUI	CLAIMS SUPERVISOR RVOS FARM MUTUAL			. INS	SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor CARROLL, CLINT Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		SALADO, TX 76571-7657					
	Principal occu CLAIMS SUI	pation / Job title (See Instructions PERVISOR	5)	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor  CARROLL, CLINT  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		SALADO, TX 76571-7657			<u>L</u>		
	CLAIMS SUI	pation / Job title (See Instructions PERVISOR	5)	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:)  CARROLL, CLINT  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		SALADO, TX 76571-7657	7				
	Principal occu CLAIMS SUI	pation / Job title (See Instructions PERVISOR	5)	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor  CARROLL, CLINT  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		SALADO, TX 76571-7657	7				
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	CLAIMS SUI	PERVISOR		RVOS FARM MUTUAL	. INS	SURANCE COMPANY	

	MONET	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 4/20 Rpt: 7/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Commit	ttee		3	Filer ID (Ethics Commission F 00069829	ilers)
4	Date 01/12/2024	5 Full name of contributor ☐ out-of-state PAC (I GREEN, MARY  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$2.00
		TEMPLE, TX 76502					
8		pation / Job title (See Instructions) TING ADMIN ASST	9	Employer (See Instructions RVOS FARM MUTUAL			
	Date 01/12/2024	Full name of contributor out-of-state PAC (I GREEN, MARY  Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions) TING ADMIN ASST		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (I GREEN, MARY  Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	UNDERWRI	TING ADMIN ASST		RVOS FARM MUTUAL	IN	SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$2.00
	•	TEMPLE, TX 76502 pation / Job title (See Instructions) TING ADMIN ASST		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PAC (I GREEN, MARY  Contributor address; City; State; Zip Code  TEMPLE, TX 76502		)	•	Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions) TING ADMIN ASST		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	

	MONET	ARY POLITICAL CONTR	IBUTION	S	SCHEDULE A	<b>A1</b>
	The Instru	ction Guide explains how to compl	ete this forr	n.	1 Total pages Schedule A1: Sch: 5/20 Rpt: 8/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action (	Committee		3 Filer ID (Ethics Commission Fil 00069829	ers)
4	Date 01/12/2024	<ul> <li>Full name of contributor  out-of-star  GREENMAN, CHERIME</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7 Amount of Contribution (\$)	\$5.00
		EDDY, TX 76524				
8		pation / Job title (See Instructions) IS MANAGER	9	Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state GREENMAN, CHERIME Contributor address; City; State; Zip Code	te PAC (ID#:	)	Amount of Contribution (\$)	\$5.00
		EDDY, TX 76524 pation / Job title (See Instructions)		Employer (See Instructions		
OPERATIONS MANAGER			RVOS FARM MUTUAL	INSURANCE COMPANY		
	Date 01/12/2024	GREENMAN, CHERIME  Contributor address; City; State; Zip Code	te PAC (ID#:		Amount of Contribution (\$)	\$5.00
	Data da al acces	EDDY, TX 76524		(O lo-to-otion		
		pation / Job title (See Instructions) IS MANAGER		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 01/25/2024	GREENMAN, CHERIME	te PAC (ID#:	)	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) IS MANAGER		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-star GREENMAN, CHERIME  Contributor address; City; State; Zip Code	te PAC (ID#:	)	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) IS MANAGER		Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY	
			1			

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/20 Rpt: 9/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Com	nmittee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/12/2024	<ul> <li>Full name of contributor  out-of-state PA HUTKA, AMBER</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$5.00
_		ROGERS, TX 76569					
8	·	pation / Job title (See Instructions) IMS ADJUSTER	9	Employer (See Instructions RVOS FARM MUTUAL	,	SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PA HUTKA, AMBER Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	·	IMS ADJUSTER		RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PA HUTKA, AMBER  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$5.00
		ROGERS, TX 76569					
		pation / Job title (See Instructions) IMS ADJUSTER		Employer (See Instructions RVOS FARM MUTUAL	′	SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PA HUTKA, AMBER  Contributor address; City; State; Zip Code  ROGERS, TX 76569	-	)		Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions) IMS ADJUSTER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PAHUTKA, AMBER  Contributor address; City; State; Zip Code  ROGERS, TX 76569	AC (ID#:			Amount of Contribution (\$)	\$5.00
	·	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL	•	SURANCE COMPANY	
	2 OL/II			THE STATE OF THE S	•		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 7/20 Rpt: 10/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political A	Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/12/2024	·	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
		TROY, TX 76579-9026					
8	Principal occu DIRECTOR	pation / Job title (See Instructions)	9	Employer (See Instructions RVOS FARM MUTUAL	•	SURANCE CO	
	Date 01/25/2024	Full name of contributor on the state of contributor of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Dringing Lagge	TROY, TX 76579-9026		Employer (Coo Instructions	<u>, ,                                   </u>		
	DIRECTOR	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL		SURANCE CO	
	Date 01/12/2024	Full name of contributor of JACKSON, WESLEY  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$9.62
	Dain single	TEMPLE, TX 76502		Faralassa (Caralassa taratica)	<u></u>		
	VICE PRESI	pation / Job title (See Instructions) IDENT		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor of JACKSON, WESLEY  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$9.62
	Principal occu VICE PRESI	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor of JACKSON, WESLEY  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$9.62
		pation / Job title (See Instructions)		Employer (See Instructions		CLIDANICE COMPANY	
	VICE PRESI	IDEN I		RVOS FARM MUTUAL	IIN	SURANCE CUMPANY	

	MONET	ARY POLITICAL CONTRIBUTION	٩C	NS .		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/20 Rpt: 11/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee	е		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/25/2024	5 Full name of contributor out-of-state PAC (ID#: JACKSON, WESLEY 6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$9.62
		TEMPLE, TX 76502					
8	Principal occu VICE PRESI	pation / Job title (See Instructions) IDENT	9	Employer (See Instructions RVOS FARM MUTUAL	•	SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$9.62
	Principal occu	TEMPLE, TX 76502  spation / Job title (See Instructions)		Employer (See Instructions			
	VICE PRESI			RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor			•	Amount of Contribution (\$)	\$2.00
	<u> </u>	TEMPLE, TX 76502	_		Ĺ		
	•	pation / Job title (See Instructions) R RELATIONS SPECIALIST		Employer (See Instructions RVOS FARM MUTUAL	•	SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: JIMENEZ, ESTEBAN  Contributor address; City; State; Zip Code  TEMPLE, TX 76502		)		Amount of Contribution (\$)	\$2.00
		pation / Job title (See Instructions)  R RELATIONS SPECIALIST		Employer (See Instructions		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: JIMENEZ, ESTEBAN  Contributor address; City; State; Zip Code  TEMPLE, TX 76502		)	•	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)		Employer (See Instructions		CLIDANICE COMPANY	
	CUSTOMER	R RELATIONS SPECIALIST		RVOS FARM MUTUAL	IIN:	SUKANCE CUMPANY	

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 9/20 Rpt: 12/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee	)		3	Filer ID (Ethics Commission F 00069829	ilers)
4	Date 01/25/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$2.00
8		TEMPLE, TX 76502 pation / Job title (See Instructions) R RELATIONS SPECIALIST	9	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: JIMENEZ, ESTEBAN  Contributor address; City; State; Zip Code  TEMPLE, TX 76502		)		Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_ LANGFORD, KENNETH Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$4.00
	•	CARTHAGE, TX 75633 pation / Job title (See Instructions) MS ADJUSTER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_LANGFORD, KENNETH  Contributor address; City; State; Zip Code  CARTHAGE, TX 75633		)		Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions)  MS ADJUSTER		Employer (See Instructions		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_LANGFORD, KENNETH  Contributor address; City; State; Zip Code  CARTHAGE, TX 75633				Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) MS ADJUSTER		Employer (See Instructions RVOS FARM MUTUAL	•	SURANCE COMPANY	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/20 Rpt: 13/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/25/2024	5 Full name of contributor		7	Amount of Contribution (\$)	\$4.00
		CARTHAGE, TX 75633				
8	•	pation / Job title (See Instructions)  MS ADJUSTER	P Employer (See Instructions RVOS FARM MUTUAL	•	SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor	)		Amount of Contribution (\$)	\$4.00
	Principal occu	CARTHAGE, TX 75633 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
		MS ADJUSTER	RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor	)		Amount of Contribution (\$)	\$10.00
		CYPRESS, TX 77433		L		
	CLAIMS AD	pation / Job title (See Instructions)  JUSTER	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	-	SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	CLAIMS AD	JUSTER	RVOS FARM MUTUAL	IN	SURANCE COMPANY	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S	SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this forr	n.	1 Total pages Schedule A1: Sch: 11/20 Rpt: 14/24	
2	FILER NAME RVOS Farm	FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee			3 Filer ID (Ethics Commission I 00069829	Filers)
4	Date 01/25/2024	<ul><li>5 Full name of contributor MALINOWSKI, DARRELL</li><li>6 Contributor address; City; State</li></ul>		)	7 Amount of Contribution (\$)	\$10.00
		CYPRESS, TX 77433				
8	Principal occu	pation / Job title (See Instructions) JUSTER	9	Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY	
	Date 01/25/2024	Full name of contributor  MALINOWSKI, DARRELL  Contributor address; City; State	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu	CYPRESS, TX 77433 pation / Job title (See Instructions)		Employer (See Instructions	s)	
	CLAIMS AD	JUSTER		RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor  MCANAW, GREGORY  Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code	)	Amount of Contribution (\$)	\$5.00
		Temple, TX 76502				
	Principal occu CLAIMS MA	pation / Job title (See Instructions) NAGER		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor MCANAW, GREGORY  Contributor address; City; State  Temple, TX 76502	out-of-state PAC (ID#:; Zip Code	)	Amount of Contribution (\$)	\$5.00
	Principal occu CLAIMS MA	pation / Job title (See Instructions) NAGER		Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor  MCANAW, GREGORY  Contributor address; City; State  Temple, TX 76502	out-of-state PAC (ID#:;	)	Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions) NAGER		Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY	
			I			

	MONEI	ARY POLITICAL CONT	RIBUTION		SCHEDULE A	1
	The Instru	ction Guide explains how to con	nplete this for	m.	1 Total pages Schedule A1: Sch: 12/20 Rpt: 15/24	
2	FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filer 00069829	s)		
4	Date 01/25/2024	<ul> <li>Full name of contributor  out-of MCANAW, GREGORY</li> <li>Contributor address; City; State; Zip C</li> </ul>	-state PAC (ID#:		7 Amount of Contribution (\$)	55.00
8	Principal occu	Temple, TX 76502 pation / Job title (See Instructions) NAGER	9	Employer (See Instructions	) INSURANCE COMPANY	
	Date 01/25/2024		-state PAC (ID#:	)	Amount of Contribution (\$)	\$5.00
	Principal occu CLAIMS MA	pation / Job title (See Instructions) NAGER		Employer (See Instructions RVOS FARM MUTUAL	) INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of QUINN, BARBARA Contributor address; City; State; Zip C	-state PAC (ID#:	)	Amount of Contribution (\$) \$1	.0.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	) INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of QUINN, BARBARA  Contributor address; City; State; Zip C	-state PAC (ID#:	)	Amount of Contribution (\$) \$1	.0.00
	Principal occu CONTROLL	pation / Job title (See Instructions) ER		Employer (See Instructions RVOS FARM MUTUAL	) INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of QUINN, BARBARA  Contributor address; City; State; Zip C	-state PAC (ID#:	)	Amount of Contribution (\$) \$1	.0.00
	Principal occu CONTROLL	pation / Job title (See Instructions) ER		Employer (See Instructions RVOS FARM MUTUAL	) INSURANCE COMPANY	
			•			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S	SCHEI	OULE A1
	The Instru	ction Guide explains how to	complete this forr	n.	1 Total pages Schedule A Sch: 13/20 Rpt: 16/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Politica	al Action Committee		3 Filer ID (Ethics Comm 00069829	ission Filers)
4	Date 01/25/2024	<ul><li>5 Full name of contributor QUINN, BARBARA</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ;; Zip Code	)	7 Amount of Contribution	(\$) \$10.00
_		TEMPLE, TX 76502				
8	CONTROLL	pation / Job title (See Instructions) ER	9	Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY	•
	Date 01/25/2024	Full name of contributor QUINN, BARBARA  Contributor address; City; State			Amount of Contribution	(\$) \$10.00
		TEMPLE, TX 76502				
	Principal occu CONTROLL	pation / Job title (See Instructions) ER		Employer (See Instructions RVOS FARM MUTUAL	s) INSURANCE COMPANY	,
	Date 01/12/2024	Full name of contributor SANDEFUR, AMBER Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code		Amount of Contribution	\$2.00
		TEMPLE, TX 76502				
	UNDERWRI	pation / Job title (See Instructions) TER-AUTO		Employer (See Instructions RVOS FARM MUTUAL	s) INSURANCE COMPANY	,
	Date 01/12/2024	Full name of contributor  SANDEFUR, AMBER  Contributor address; City; State  TEMPLE, TX 76502	out-of-state PAC (ID#:; z; Zip Code	)	Amount of Contribution	\$2.00
	Principal occu UNDERWRI	pation / Job title (See Instructions)		Employer (See Instructions	I s) INSURANCE COMPANY	,
	Date 01/12/2024	Full name of contributor  SANDEFUR, AMBER  Contributor address; City; State  TEMPLE, TX 76502	out-of-state PAC (ID#:;	)	Amount of Contribution	\$2.00
	Principal occu UNDERWRI	pation / Job title (See Instructions)		Employer (See Instructions	S) INSURANCE COMPANY	,
	ONDERWRI	ILITAUTU		NVOS FARINI NIOTOAL	INSURANCE COMPAINT	

RVOS FARM Mutual Insurance Group Political Action Committee  4 Date	1 Total pages Schedule A1: Sch: 14/20 Rpt: 17/24  3 Filer ID (Ethics Commission Filers) 00069829  7 Amount of Contribution (\$) \$2.0
RVOS FARM Mutual Insurance Group Political Action Committee  4 Date	00069829  7 Amount of Contribution (\$)  \$2.0
Date	tructions)
8 Principal occupation / Job title (See Instructions) UNDERWRITER-AUTO  Date O1/25/2024  Full name of contributor SANDEFUR, AMBER Contributor address; City; State; Zip Code  TEMPLE, TX 76502  Principal occupation / Job title (See Instructions) UNDERWRITER-AUTO  Date O1/12/2024  Full name of contributor O1/12/2024  SHOCKLEY, WILEY Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions) BETON, TX 76513  Principal occupation / Job title (See Instructions) PRESIDENT  Date O1/12/2024  Full name of contributor O1/12/2024  SHOCKLEY, WILEY Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions) BELTON, TX 76513  Principal occupation / Job title (See Instructions) BELTON, TX 76513  Principal occupation / Job title (See Instructions) BELTON, TX 76513  Principal occupation / Job title (See Instructions) BELTON, TX 76513  Principal occupation / Job title (See Instructions) BELTON, TX 76513  Principal occupation / Job title (See Instructions) BELTON, TX 76513  Principal occupation / Job title (See Instructions) BELTON, TX 76513	,
Date   Full name of contributor   out-of-state PAC (ID#: SANDEFUR, AMBER   Contributor address; City; State; Zip Code      TEMPLE, TX 76502   Employer (See InstruCtions)   Employer (See InstruCtions)   Employer (See InstruCtions)   Out-of-state PAC (ID#: O1/12/2024   SHOCKLEY, WILEY   Contributor address; City; State; Zip Code      BELTON, TX 76513   Employer (See Instructions)   Employer (See	,
O1/25/2024 SANDEFUR, AMBER  Contributor address; City; State; Zip Code  TEMPLE, TX 76502  Principal occupation / Job title (See Instructions)  UNDERWRITER-AUTO  Date  Full name of contributor out-of-state PAC (ID#:  O1/12/2024 SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  PRESIDENT  Date  Full name of contributor out-of-state PAC (ID#:  O1/12/2024 SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	
Principal occupation / Job title (See Instructions)  UNDERWRITER-AUTO  Date  Full name of contributor  O1/12/2024  SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  PRESIDENT  Date  Full name of contributor  Out-of-state PAC (ID#:  RVOS FARM MUT  RVOS FARM MUT  Out-of-state PAC (ID#:  O1/12/2024  SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	) Amount of Contribution (\$) \$2.0
UNDERWRITER-AUTO  Date  O1/12/2024  Full name of contributor  SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  PRESIDENT  Date  O1/12/2024  Full name of contributor  O1/12/2024  SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	tructions)
O1/12/2024 SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  PRESIDENT  Date O1/12/2024 Full name of contributor out-of-state PAC (ID#: O1/12/2024 SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	JTUAL INSURANCE COMPANY
Principal occupation / Job title (See Instructions)  PRESIDENT  Date  01/12/2024  SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	) Amount of Contribution (\$) \$20.0
PRESIDENT  Date  Full name of contributor  O1/12/2024  SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  RVOS FARM MUT  Out-of-state PAC (ID#:	
01/12/2024 SHOCKLEY, WILEY  Contributor address; City; State; Zip Code  BELTON, TX 76513  Principal occupation / Job title (See Instructions)  Employer (See Instru	tructions) JTUAL INSURANCE COMPANY
Principal occupation / Job title (See Instructions)  Employer (See Instru	) Amount of Contribution (\$) \$20.0
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$20.0
BELTON, TX 76513  Principal occupation / Job title (See Instructions)  Employer (See Instru	
PRESIDENT RVOS FARM MUT	ructions)

MONETA	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/20 Rpt: 18/24
2 FILER NAME RVOS Farm I	Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 01/25/2024	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$) \$20.0
	BELTON, TX 76513		
8 Principal occup PRESIDENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: SHOCKLEY, WILEY  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$20.0
	BELTON, TX 76513		
Principal occup PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY
Date 01/12/2024	Full name of contributor  out-of-state PAC (ID#:_SMITH, JAMES  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$9.6
	TEMPLE, TX 76504		
Principal occup SECRETARY	pation / Job title (See Instructions) Y	Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: SMITH, JAMES  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$9.6
	TEMPLE, TX 76504		
Principal occup SECRETARY	pation / Job title (See Instructions) Y	Employer (See Instructions RVOS FARM MUTUAL	s) INSURANCE COMPANY
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: SMITH, JAMES Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$9.6
	TEMPLE, TX 76504		
Principal occup SECRETARY	pation / Job title (See Instructions)	Employer (See Instructions	I s) INSURANCE COMPANY

	MONET	ARY POLITICAL CONTRIBUTI	ON	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 16/20 Rpt: 19/24	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committe	e		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/25/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$9.62
		TEMPLE, TX 76504	1-				
8	Principal occu SECRETAR	pation / Job title (See Instructions) Y	9	Employer (See Instructions RVOS FARM MUTUAL	′	SURANCE COMPANY	
	Date 01/25/2024	Full name of contributor  out-of-state PAC (ID# SMITH, JAMES  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$9.62
	Dringing! agg.	TEMPLE, TX 76504	_	Employer (Co.s. Instructions	<u></u>		
	SECRETAR	pation / Job title (See Instructions) Y		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor	t:		•	Amount of Contribution (\$)	\$10.00
	<u> </u>	TEMPLE, TX 76501			<u></u>		
		pation / Job title (See Instructions) DENT OPERATIONS		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID# SULAK, IRENE Contributor address; City; State; Zip Code TEMPLE, TX 76501				Amount of Contribution (\$)	\$10.00
	·	pation / Job title (See Instructions) DENT OPERATIONS		Employer (See Instructions		SURANCE COMPANY	
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID# SULAK, IRENE Contributor address; City; State; Zip Code TEMPLE, TX 76501			•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) DENT OPERATIONS		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
						2 . 22 7	

	MONET	ARY POLITICAL CON	ITRIBUTION	S	SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1 Total pages Schedule A1: Sch: 17/20 Rpt: 20/24	
2	FILER NAME RVOS Farm	R NAME OS Farm Mutual Insurance Group Political Action Committee			3 Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/25/2024	<ul> <li>5 Full name of contributor  ou SULAK, IRENE</li> <li>6 Contributor address; City; State; Zi</li> </ul>		)	7 Amount of Contribution (\$)	\$10.00
		TEMPLE, TX 76501				
8		pation / Job title (See Instructions) DENT OPERATIONS	9	Employer (See Instructions RVOS FARM MUTUAL	i) INSURANCE COMPANY	
	Date 01/25/2024	Full name of contributor ou ou SULAK, IRENE  Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code		Amount of Contribution (\$)	\$10.00
	Principal occu	TEMPLE, TX 76501 pation / Job title (See Instructions)		Employer (See Instructions	(5)	
		DENT OPERATIONS			INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor ou TIRCUIT, SHEILA Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code		Amount of Contribution (\$)	\$3.00
		ROGERS, TX 76569				
	•	pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions RVOS FARM MUTUAL	i) INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor ou TIRCUIT, SHEILA Contributor address; City; State; Zi ROGERS, TX 76569	ut-of-state PAC (ID#: ip Code	)	Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 01/12/2024	Full name of contributor ou TIRCUIT, SHEILA  Contributor address; City; State; Zi	rt-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$3.00
	·	pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions	S) INSURANCE COMPANY	
		-				

MONE	TARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/20 Rpt: 21/24
2 FILER NAME RVOS Farn	En Mutual Insurance Group Political Action Committee	•	3 Filer ID (Ethics Commission Filers) 00069829
4 Date 01/25/2024	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$) \$3.0
	ROGERS, TX 76569		
	upation / Job title (See Instructions) RATIVE ASSTMGA	9 Employer (See Instructions RVOS FARM MUTUAL	s) INSURANCE COMPANY
Date 01/25/2024	1		Amount of Contribution (\$) \$3.0
Deirecia de co	ROGERS, TX 76569	T Frank var (Oar kastronii	
	upation / Job title (See Instructions) RATIVE ASSTMGA	Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY
Date 01/12/2024	1	)	Amount of Contribution (\$) \$10.0
	San Angelo, TX 76904		
Principal occ Director	upation / Job title (See Instructions)	Employer (See Instructions RVOS	5)
Date 01/25/2024		)	Amount of Contribution (\$) \$10.0
Principal occ Director	upation / Job title (See Instructions)	Employer (See Instructions RVOS	<u> </u>
Date 01/12/2024			Amount of Contribution (\$) \$10.0
	upation / Job title (See Instructions)	Employer (See Instructions	
QA/SUPPC	ORT MANAGER	RVOS FARM MUTUAL	INSURANCE COMPANY

MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDU	LE <b>A1</b>
The Instruc	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/24	
2 FILER NAME RVOS Farm	ME arm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission 00069829	ion Filers)
4 Date 01/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7 Amount of Contribution (\$)	\$10.00
	BELTON, TX 76513			
	pation / Job title (See Instructions) RT MANAGER	P Employer (See Instructions RVOS FARM MUTUAL	ns) L INSURANCE COMPANY	
Date 01/12/2024	Full name of contributor	)	Amount of Contribution (\$)	\$10.00
	BELTON, TX 76513			
	pation / Job title (See Instructions) RT MANAGER	Employer (See Instructions RVOS FARM MUTUAL	ns) L INSURANCE COMPANY	
Date 01/25/2024	Full name of contributor		Amount of Contribution (\$)	\$10.00
Principal occu	BELTON, TX 76513 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	RT MANAGER	, , ,	L INSURANCE COMPANY	
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: WON, BEN (Mr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
QA/SUPPOF	RT MANAGER	RVOS FARM MUTUAL	L INSURANCE COMPANY	
Date 01/12/2024	Full name of contributor	)	Amount of Contribution (\$)	\$2.00
	TEMPLE, TX 76502			
·	pation / Job title (See Instructions) ER UNDERWRITER	Employer (See Instructions	ns) L INSURANCE COMPANY	
	<u> </u>			

n Filers)
\$2.00
\$2.00
\$2.00
\$2.00
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### **NON-POLITICAL EXPENDITURES**

	MADE FROM F	POLITICAL CONTRIBUTIONS SCHEDULE I
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME RVOS Farm Mutual Insurance Group Political Action 3 Filer ID (Ethics Commission Filers) 00069829
4	Date 01/11/2024	5 Payee name Wells Fargo Bank N.A.
6	Amount (\$)  12.99  Expenditure from corporate funds	7 Payee Address; City; State; Zip 420 Montgomery Street San Francisco, CA 94104
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description (See instructions regarding type of information required.)  Client Analysis Fee