FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00042577 3 COMMITTEE NAME **OFFICE USE ONLY** National Association of Benefit and Insurance Professionals - Texas PAC Date Received **ELECTRONICALLY FILED** 02/25/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 312 North Avenue East, Suite 5 Date Hand-delivered or Date Postmarked Change of Address Cranford, NJ 07016 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Scott NAME NICKNAME LAST **SUFFIX** Long STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1715 Greenway Village Drive STREET **ADDRESS** (Residence or Business) Katy, TX 77494 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1715 Greenway Village Drive MAILING **ADDRESS** Katy, TX 77494 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 457-1472 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
National Association of B	enefit and Insurance	Professionals - Texas PAC	00042577	
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)	\$	5,354.42
EXPENDITURE ; TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
7	4. TOTAL POLITICA	L EXPENDITURES	\$	20,750.00
CONTRIBUTION !	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	43,358.92
OUTSTANDING (LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			L	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Scott	Long	
		Signature of Car	mpaign Treasu	ırer
AFFIX NOTARY S	TAMP / SEAL ABOVE			
Sworn to and subscribed b	efore me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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					3 of 66
17 CO	MMITTI	EE NAME	18 Filer ID	(Ethics Com	mission Filers)
Na	tional <i>A</i>	Association of Benefit and Insurance Professionals - Texas PAC	00042577		
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,354.42
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X		\$	0.00	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
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	\$	20,750.00
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,104.83
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/46 Rpt: 4/66	
2	FILER NAME National Ass	sociation of Benefit and Insurar	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/01/2024	Full name of contributor Abbe, Jeanette Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
	Deignaignal	Temple, TX 76502	,	C. Frankrian (Cook Instruction	Ţ		
8		ipation / Job title (See Instructions) enefits Consultant	,	9 Employer (See Instructions Texas Benefit Alliance	5)		
	Date 01/22/2024	Full name of contributor Adams, Carla Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$12.50
	Principal occu	Schertz, TX 78154 upation / Job title (See Instructions))	Employer (See Instructions	<u> </u> s)		
	Insurance Aç	gent		TASC			
	Date 02/22/2024	Full name of contributor Adams, Carla Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$12.50
		Schertz, TX 78154					
	Principal occu Insurance Aç	pation / Job title (See Instructions))	Employer (See Instructions TASC	5)		
	Date 01/20/2024	Full name of contributor Ahlquist, Neldia Contributor address; City; Sta Lake Jackson, TX 77566			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance	upation / Job title (See Instructions))	Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor Ahlquist, Neldia Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance	pation / Job title (See Instructions))	Employer (See Instructions Self	5)		

	MONET	TARY POLITICAL CONTRIBUTIONS					SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 2/46 Rpt: 5/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	PAC	3	Filer ID (Ethics Commission Filers) 00042577	
4	Date 01/09/2024	5 Full name of contributor Ainsworth, Tabatha6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Jacksonville, TX 75766 pation / Job title (See Instructions) 9	<u> </u>	Employer (See Instructions	<u> </u> 5)		
	Insurance Aç	gent			baker Insurance			
	Date 02/09/2024	Full name of contributor Ainsworth, Tabatha Contributor address; City; St					Amount of Contribution (\$)	\$12.50
		Jacksonville, TX 75766						
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent			baker Insurance			
	Date 01/07/2024	Full name of contributor Antongiovanni, Joanna Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78279						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent			Wortham Insurance			
	Date 02/07/2024	Full name of contributor Antongiovanni, Joanna Contributor address; City; St San Antonio, TX 78279	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Wortham Insurance	5)		
	Date 01/20/2024	Full name of contributor Ashmore, Elizabeth Contributor address; City; St Lubbock, TX 79423	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
			-					

	MONEI	ARY POLITICAL COI	VIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 3/46 Rpt: 6/66	
2	FILER NAME	agistics of Danefit and Incurance	Orafonaianala Tayar	n DAC	3	Filer ID (Ethics Commission	n Filers)
		ociation of Benefit and Insurance		SPAC		00042577	
4	Date 02/20/2024	 5 Full name of contributor Ashmore, Elizabeth 6 Contributor address; City; State; 2 	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Lubbock, TX 79423					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Insurance A	gent		Self			
	Date 02/01/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Odessa, TX 79761					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance A	gent		ALJ Avery & Association	ı Ir	C.	
	Date 01/20/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$12.50
		Rockwall, TX 75089					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Insurance Ag	· · · · · · · · · · · · · · · · · · ·		K&S Insurance Agency	,		
_	Date	Full name of contributor	put-of-state PAC (ID#:	1		Amount of Contribution (\$)	
	02/20/2024	Avery, Wendy Contributor address; City; State; 2 Rockwall, TX 75088	·				\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance A			K&S Insurance Agency	,		
	Date	-	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/20/2024	Barrera, Rolando					\$125.00
		Contributor address; City; State; 2 Corpus Christi, TX 78413					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	gent		Self			
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/46 Rpt: 7/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	ance Professionals - Te	exas PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 02/20/2024	5 Full name of contributor Barrera, Rolando6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$125.00
Ĺ	D	Corpus Christi, TX 78413		10 - 1 (0 1 1 1	Ĺ		
8	Insurance A	pation / Job title (See Instruction gent	S)	9 Employer (See Instructions Self	S) 		
	Date 01/20/2024	Full name of contributor Bellman, Mark Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Dallas, TX 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions)				 s)		
	Insurance Aç	gent		UHC			
	Date 02/20/2024	Full name of contributor Bellman, Mark Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75240					
	Principal occu Insurance Aç	pation / Job title (See Instruction gent	s)	Employer (See Instructions UHC	s)		
	Date 01/23/2024	Full name of contributor Bentley, Beau Contributor address; City; S Bullard, TX 75789	out-of-state PAC (ID#:_	_		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instruction	s)	Employer (See Instructions CEBPET	<u>I</u> S)		
	Date 02/23/2024	Full name of contributor Bentley, Beau Contributor address; City; S Bullard, TX 75789	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instruction gent	s)	Employer (See Instructions CEBPET	5)		
				1			

	MONEI	ARY POLITICAL C	CONTRIBUTION	15		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/46 Rpt: 8/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Texa	is PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2024	5 Full name of contributor Berry, Ernest6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8		Lubbock, TX 79424 pation / Job title (See Instructions) 9	Employer (See Instructions	<u> </u> ;)		
	Date 02/20/2024	Full name of contributor Berry, Ernest Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	CEBPET		Amount of Contribution (\$)	\$25.00
	Principal occu	Lubbock, TX 79424 pation / Job title (See Instructions gent		Employer (See Instructions Berry & Mojica Insuranc			
	Date 01/18/2024	Full name of contributor Blair, Mary Ann Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Tyler, TX 75703-3001 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Insurance A	gent		Hilliard Box Insurance			
02/18/2024 Blair, Ma		Full name of contributor Blair, Mary Ann Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance A	Tyler, TX 75703-3001 pation / Job title (See Instructions gent)	Employer (See Instructions Hilliard Box Insurance	<u> </u> ;)		
	Date 01/12/2024	Full name of contributor Blankenship, Dirk	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.00
	Principal occu Insurance A	pation / Job title (See Instructions gent		Employer (See Instructions Chambers Marketing Co		epts	

	MONEI	ARY POLITICAL CONTRIBI	15		SCHEDULI	■ A1	
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/46 Rpt: 9/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance Profession	als - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 01/17/2024	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Agent	Houston, TX 77080 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 02/17/2024	Full name of contributor out-of-state PABlock, Howard Contributor address; City; State; Zip Code Houston, TX 77080	AC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 01/20/2024	Full name of contributor out-of-state PA Bolden, Michael Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Odessa, TX 79761 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Insurance A	gent		ALG Avery & Associates	S		
Date 02/20/2024		Full name of contributor out-of-state PA Bolden, Michael Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Odessa, TX 79761 pation / Job title (See Instructions) gent		Employer (See Instructions ALG Avery & Associates			
	Date 01/19/2024	Full name of contributor out-of-state PA Bonczek, Christie Contributor address; City; State; Zip Code Houston, TX 77027	AC (ID#:)		Amount of Contribution (\$)	\$13.75
	Principal occu Insurance Ag	pation / Job title (See Instructions) gent		Employer (See Instructions Self	S)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 7/46 Rpt: 10/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insural	nce Professionals - Tex	as PAC		00042577	
4	Date 02/19/2024	5 Full name of contributor Bonczek, Christie 6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$13.75
8	Principal occu	Houston, TX 77027 pation / Job title (See Instructions) [9	Employer (See Instructions	<u>s)</u>		
Ü	Insurance A		,	Self	٠,		
	Date 01/23/2024	Full name of contributor Booth, Tonya Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Coppell, TX 75019			L		
	Principal occu Insurance Aç	pation / Job title (See Instructions)	Employer (See Instructions Upshaw Insurance	s)		
				Opsilaw insulance	_	A (O ii . i . (d)	
	Date 02/23/2024	Full name of contributor Booth, Tonya Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Coppell, TX 75019					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Aç	· · ·	,	Upshaw Insurance	,		
	Date 01/20/2024	Full name of contributor Bradberry1, Cherrie Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Financial Partners	5)		
	Date 02/20/2024	Full name of contributor Bradberry1, Cherrie Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions Financial Partners	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 8/46 Rpt: 11/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance Profession	als - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 01/20/2024	 5 Full name of contributor out-of-state PA Brooks, Isha 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$6.25
8	Principal occu	Wichita Falls, TX 76308 pation / Job title (See Instructions)	l q	Employer (See Instructions	<u>s)</u>		
Ü	Insurance A			Financial Partners	<i>)</i>		
	Date 02/20/2024	Full name of contributor out-of-state PA Brooks, Isha Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.25
	Deinsinal assu	Wichita Falls, TX 76308		Franksian (Cookastanations	<u></u>		
	Insurance A	pation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners	5)		
	Date 01/20/2024	Full name of contributor out-of-state PA Buffum, Ronald Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		Round Rock, TX 78665					
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions The Buffum Group	s)		
	Date 02/20/2024	Full name of contributor out-of-state PA Buffum, Ronald Contributor address; City; State; Zip Code Round Rock, TX 78665)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions The Buffum Group	s)		
	Date 01/15/2024	Full name of contributor out-of-state PABurgess, Robbi Contributor address; City; State; Zip Code Austin, TX 78750			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions UHC	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 9/46 Rpt: 12/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	kas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/15/2024	5 Full name of contributor Burgess, Robbi6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
	Deinsinal assu	Austin, TX 78750	s I	_	Familia var (Cara linatur etimor			
8	Insurance Sa	pation / Job title (See Instructions ales	5)	9	Employer (See Instructions UHC	5)		
	Date 01/20/2024	Full name of contributor Burkholder, Karen Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions	s)		Employer (See Instructions	 		
	Insurance A		,		Self	,		
	Date 02/20/2024	Full name of contributor Burkholder, Karen Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Richardson, TX 75081						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	(3)		Employer (See Instructions Self	s)		
	Date 01/20/2024	Full name of contributor Butler, Allison Contributor address; City; Si Amarillo, TX 79109	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor Butler, Allison Contributor address; City; Si Amarillo, TX 79109	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	pation / Job title (See Instructions gent	(3)		Employer (See Instructions Self	s)		
			1					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/46 Rpt: 13/66	
2	FILER NAME			210	3	Filer ID (Ethics Commission	Filers)
		sociation of Benefit and Insurar		as PAC	L	00042577	
4	Date 01/20/2024	5 Full name of contributor Castillo, Iris	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		6 Contributor address; City; Sta	ate; Zip Code				
		Mcallen, TX 78501	-				
8		upation / Job title (See Instructions)	g	Employer (See Instructions			
	Account Mar	nager		Higginbotham Ins Agend	cy,	Inc.	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/20/2024	Castillo, Iris					\$12.50
		Contributor address; City; Sta	ate; Zip Code		1		
		Mcallen, TX 78501					
		upation / Job title (See Instructions)		Employer (See Instructions			
	Account Mar	nager		Higginbotham Ins Agend	су,	Inc.	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	01/20/2024	Christensen, Elizabeth					\$12.50
		Contributor address; City; Sta	ate; Zip Code		1		
		Weatherford, TX 76087					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	s)		
	Insurance A	gent		United Senior Services			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/20/2024	Christensen, Elizabeth					\$12.50
		Contributor address; City; Sta	ate: Zip Code		1		
			, ,				
		Weatherford, TX 76087					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		United Senior Services			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/23/2024	Clingan, Nedra					\$12.50
		Contributor address; City; Sta	ate: Zip Code		ł		
			,				
		Helotes, TX 78024					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A			United Healthcare			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	ons		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/46 Rpt: 14/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 01/07/2024	5 Full name of contributor Cochran, Stacy6 Contributor address; City; State	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00
	D: : 1	Roanoke, TX 76262					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9 Employer (See Instructions Caprock	5)		
	Date 01/11/2024	Full name of contributor Cochran, Stacy Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Insurance A			Caprock			
	Date 02/01/2024	Full name of contributor Cochran, Stacy Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$103.48
		Roanoke, TX 76262					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions Caprock	S)		
	Date 02/07/2024	Full name of contributor Cochran, Stacy Contributor address; City; Stack Roanoke, TX 76262)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Caprock	5)		
	Date 02/11/2024	Full name of contributor Cochran, Stacy Contributor address; City; St. Roanoke, TX 76262	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions Caprock	5)		

WONL	TARY POLITICAL CONTRIBUTIO	N5	SCHEDULE	A1
The Instru	uction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 12/46 Rpt: 15/66	
2 FILER NAME National Ass	sociation of Benefit and Insurance Professionals - Tex	kas PAC	3 Filer ID (Ethics Commission Fi 00042577	ilers)
4 Date 01/10/2024	 Full name of contributor)	7 Amount of Contribution (\$)	\$12.80
O Dringing age	Austin, TX 78717	O Frankria (Can kashiristi		
Insurance A		9 Employer (See Instructions Senior Health Profession		
Date 02/10/2024	Full name of contributor out-of-state PAC (ID#: Coles, Andrea Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$12.86
	Austin, TX 78717			
Principal occu Insurance A	upation / Job title (See Instructions) Agent	Employer (See Instructions Senior Health Profession		
Date 01/20/2024	Full name of contributor out-of-state PAC (ID#: Cook, David Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$25.00
	Wichita Falls, TX 76310			
Principal occi Insurance A	upation / Job title (See Instructions) Agent	Employer (See Instructions Financial Partners	5)	
Date 02/20/2024	Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
Principal occu	Wichita Falls, TX 76310 upation / Job title (See Instructions) Agent	Employer (See Instructions Financial Partners	<u> </u> 	
Date 01/20/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	■ A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/46 Rpt: 16/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	unce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2024	5 Full name of contributor Cottar, Tom6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Baytown, TX 77521					
8	Principal occu Insurance Sa	pation / Job title (See Instruction: ales	5)	9 Employer (See Instructions United Major Medical	5)		
	Date 01/20/2024	Full name of contributor DeLeon, Rachelle Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
	Principal occu	Eagles Pass, TX 78852 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> S)		
	Date 02/20/2024	Full name of contributor DeLeon, Rachelle Contributor address; City; S Eagles Pass, TX 78852	out-of-state PAC (ID#:_	Self	•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> 		
	Date 01/20/2024	Full name of contributor DePaoli, Allison Contributor address; City; S San Antonio, TX 78250	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	pation / Job title (See Instruction:	s)	Employer (See Instructions De Paoli Professional S		rices	
	Date 02/20/2024	Full name of contributor DePaoli, Allison Contributor address; City; S San Antonio, TX 78250	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions De Paoli Professional S		rices	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/46 Rpt: 17/66	
2	FILER NAME National Ass	sociation of Benefit and Insura	ınce Professionals - Tex	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2024	5 Full name of contributorDebler, John6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8		Rockport, TX 78382 pation / Job title (See Instructions	s) <u></u> !	Employer (See Instructions	S)		
	Date 02/20/2024	Full name of contributor Debler, John Contributor address; City; S Rockport, TX 78382	out-of-state PAC (ID#:	GSM Insurors		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance A	pation / Job title (See Instructions	5)	Employer (See Instructions GSM Insurors	<u> </u> S)		
	Date 02/01/2024	Full name of contributor Dettman, James Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Broker	Georgetown, TX 78628 pation / Job title (See Instructions	5)	Employer (See Instructions AJ Benefit Advisors	<u> </u> s)		
	Date 01/12/2024	Full name of contributor Eller, Dee Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$154.97
	Principal occu Sr Client Ma	Lubbock, TX 79424 pation / Job title (See Instructions nager	s)	Employer (See Instructions Arthur J. Gallagher/Gall		ner Benefit Services	
	Date 01/05/2024	Full name of contributor Elliott-Harmon, Patti Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu	Portland, TX 78374 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 15/46 Rpt: 18/66	
2	FILER NAME National Ass	ociation of Benefit and Insuran	ce Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 02/05/2024	5 Full name of contributor [Elliott-Harmon, Patti6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Portland, TX 78374 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Insurance Aç	gent		Humana			
	Date 01/20/2024	Full name of contributor Evans, Mike Contributor address; City; Sta				Amount of Contribution (\$)	\$12.50
		Coppell, TX 75019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Self			
	Date 02/20/2024	Full name of contributor [Evans, Mike Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$12.50
		Coppell, TX 75019					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions	5)		
	Date 01/20/2024	Full name of contributor Ferguson, Kathy Contributor address; City; Sta San Antonio, TX 78279				Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	Date 02/20/2024	Full name of contributor Ferguson, Kathy Contributor address; City; Sta San Antonio, TX 78279)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		GBMB Insurance			

	MONET	ARY POLITICAL CONTRIBU	ITION	NS .		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 16/46 Rpt: 19/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals	s - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 01/20/2024	 5 Full name of contributor out-of-state PAC Ford, Holley 6 Contributor address; City; State; Zip Code 	`)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Austin, TX 78738 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>		
	Insurance Aç			Humana	-,		
	Date 02/20/2024	Full name of contributor out-of-state PAC Ford, Holley Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$12.50
	Principal occur	Austin, TX 78738 pation / Job title (See Instructions)		Employer (See Instructions	s) 		
	Insurance Ag	,		Humana	-,		
	Date 01/20/2024	Full name of contributor out-of-state PAC Fristoe, Kelly Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Wichita Falls, TX 76301					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC Fristoe, Kelly Contributor address; City; State; Zip Code Wichita Falls, TX 76301)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 01/20/2024	Full name of contributor out-of-state PAC Gaines, Leawhnie Contributor address; City; State; Zip Code Euless, TX 76039	C (ID#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A	\1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 17/46 Rpt: 20/66	
2	FILER NAME National Ass	ociation of Benefit and Insuran	ce Professionals - Tex	as PAC	3 Filer ID (Ethics Commission File 00042577	ers)
4	Date 02/01/2024	5 Full name of contributor Garfias, Elisa6 Contributor address; City; Star	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$	13.37
8	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions) cutive	!	9 Employer (See Instructions United Healthcare)	
	Date 02/20/2024	Full name of contributor Gilbert, Debra Contributor address; City; Star Grapevine, TX 76051	out-of-state PAC (ID#:			18.75
	Principal occu Insurance Aq	pation / Job title (See Instructions) gent		Employer (See Instructions Innovative Insurance Sc		
	Date 01/22/2024	Full name of contributor Gonzales, Theresa Contributor address; City; Star	out-of-state PAC (ID#:)	Amount of Contribution (\$)	12.50
	Principal occu Insurance Ag	Harlingen, TX 78550 pation / Job title (See Instructions) gent		Employer (See Instructions Ameritas)	
	Date 02/22/2024	Full name of contributor [Gonzales, Theresa Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Ameritas)	
	Date 01/10/2024	Full name of contributor Gonzalez-Luna, Veronica Contributor address; City; Star League City, TX 77573	out-of-state PAC (ID#:		Amount of Contribution (\$)	10.00
	Principal occu Insurance Ag	pation / Job title (See Instructions)		Employer (See Instructions Today's Benefit Solution		
		,				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/46 Rpt: 21/66	
2	FILER NAME National Ass	sociation of Benefit and Insurar	nce Professionals - Te:	xas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/10/2024	Full name of contributor Gonzalez-Luna, Veronica Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$10.00
		League City, TX 77573					
8	Principal occu Insurance Aç	ipation / Job title (See Instructions) gent)	9 Employer (See Instructions Today's Benefit Solution			
	Date 01/02/2024	Full name of contributor Goodman, Cynthia Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
_	Principal occu	Richardson, TX 75080 upation / Job title (See Instructions))	Employer (See Instructions	 s)		
	Insurance Aç			United Healthcare			
	Date 02/02/2024	Full name of contributor Goodman, Cynthia Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$12.50
	I	Richardson, TX 75080					
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)	Employer (See Instructions United Healthcare	;)		
	Date 01/07/2024	Full name of contributor Grogan, Wayne Contributor address; City; Sta)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	upation / Job title (See Instructions))	Employer (See Instructions Special Insurance Servi		3	
	Date 02/07/2024	Full name of contributor Grogan, Wayne Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)	Employer (See Instructions Special Insurance Servi		5	

WONE	IARY POLITICAL (JONTRIBUTIC	CNIC		SCHEDULI	E A1
The Instru	ıction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/46 Rpt: 22/66	
2 FILER NAME National As	sociation of Benefit and Insura	nce Professionals - Te	exas PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4 Date 01/10/2024	5 Full name of contributor Hamm, Phillip 6 Contributor address; City; St	out-of-state PAC (ID#:_	,	7	Amount of Contribution (\$)	\$12.50
	Houston, TX 77043					
8 Principal occ	upation / Job title (See Instructions Agent	s)	9 Employer (See Instructions Ameritas	s)		
Date 02/10/2024	Full name of contributor Hamm, Phillip Contributor address; City; Si				Amount of Contribution (\$)	\$12.50
Principal occ	Houston, TX 77043 upation / Job title (See Instructions	·)	Employer (See Instructions	<u>c)</u>		
Insurance A		5)	Ameritas	5)		
Date 01/19/2024		out-of-state PAC (ID#:_tate; Zip Code			Amount of Contribution (\$)	\$50.00
	Plano, TX 75074					
	upation / Job title (See Instructions rance Broker	s)	Employer (See Instructions Harrington Insurance Se		tions, LLC	
Date 02/19/2024					Amount of Contribution (\$)	\$50.00
Principal occ	Plano, TX 75074 upation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
Health Insu	rance Broker		Harrington Insurance S	olu	tions, LLC	
Date 01/20/2024		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Corpus Christi, TX 78413					
Principal occ Insurance A	upation / Job title (See Instructions Agent	;)	Employer (See Instructions Polly Harris Insurance A		ency	
Insurance A	Agent		Polly Harris Insurance A	Age	ency	

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 20/46 Rpt: 23/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance Profession	nals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 02/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_	Dringing! aggs	Corpus Christi, TX 78413		Employer (Coa Instructions	<u></u>		
8	Insurance A	pation / Job title (See Instructions) gent	9	Employer (See Instructions Polly Harris Insurance A		ncy	
	Date 01/20/2024	Full name of contributor out-of-state Pa Hebert, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.25
	Dringinal accu	Corpus Christi, TX 78418 pation / Job title (See Instructions)		Employer (See Instructions	<u>'</u>		
	Insurance A	` ,		Hebert Insurance	>)		
	Date 02/20/2024	Full name of contributor out-of-state Pa Hebert, Laura Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$6.25
		Corpus Christi, TX 78418	i		Ĺ		
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Hebert Insurance	5)		
	Date 02/01/2024	Full name of contributor out-of-state P. Hidell, Vanessa Contributor address; City; State; Zip Code Burnet, TX 78611			•	Amount of Contribution (\$)	\$103.48
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Tag 2 Benefits	5)		
	Date 01/29/2024	Full name of contributor out-of-state Partingh, Meghann Contributor address; City; State; Zip Code Dallas, TX 75244)	•	Amount of Contribution (\$)	\$257.94
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Inspire Benefit Consulta		;	
			•				

Contributor address; City; State; Zip Code Sugar Land, TX 77487 on / Job title (See Instructions) t Full name of contributor	Texas PAC #:		
Full name of contributor out-of-state PAC (ID Hoffman, Crystal Contributor address; City; State; Zip Code Sugar Land, TX 77487 on / Job title (See Instructions) t Full name of contributor out-of-state PAC (ID Hoffman, Crystal	#:	7 Amount of Contribution (\$)	\$12.50
Hoffman, Crystal Contributor address; City; State; Zip Code Sugar Land, TX 77487 on / Job title (See Instructions) t Full name of contributor	9 Employer (See Instruction Hoffman Insurance Gro	ons) roup	\$12.50
on / Job title (See Instructions) t Full name of contributor	Hoffman Insurance Gro	roup	
Full name of contributor Out-of-state PAC (ID Hoffman, Crystal	Hoffman Insurance Gro	roup	
Hoffman, Crystal		Amount of Contribution (\$)	
			\$20.00
Sugar Land, TX 77488	Employer (See Instruction	one)	
t			
Hoffman, Crystal		Amount of Contribution (\$)	\$12.50
Sugar Land, TX 77487	_		
on / Job title (See Instructions) t			
Holloway, Ryan		Amount of Contribution (\$)	\$12.50
Dallas, TX 75201			
on / Job title (See Instructions)			
Holloway, Ryan		Amount of Contribution (\$)	\$12.50
Dallas, TX 75201	1		
on / Job title (See Instructions)			
	Full name of contributor	Employer (See Instructions) Employer (See Instructions) Full name of contributor	Employer (See Instructions) Employer (See Instructions) Hoffman Insurance Group

MONE	TARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
The Instru	uction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/46 Rpt: 25/66	
2 FILER NAME National As	E ssociation of Benefit and Insurance Professionals - Tex	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4 Date 01/07/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$12.50
	Austin, TX 78744				
8 Principal occi Insurance S	supation / Job title (See Instructions) Sales	Employer (See Instructions United Healthcare	s) 		
Date 02/07/2024)	•	Amount of Contribution (\$)	\$12.50
	Austin, TX 78744				
Principal occi Insurance A	cupation / Job title (See Instructions) Agent	Employer (See Instructions United Healthcare	5)		
Date 01/20/2024)		Amount of Contribution (\$)	\$12.50
	Austin, TX 78746				
Principal occi Insurance S	supation / Job title (See Instructions) Sales	Employer (See Instructions United Healthcare	5)		
Date 02/20/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$12.50
Principal occi	Austin, TX 78746 cupation / Job title (See Instructions) Sales	Employer (See Instructions United Healthcare	<u> </u> s)		
Date 01/20/2024	Full name of contributor out-of-state PAC (ID#: Johnson, Sandra Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
Principal occi	San Antonio, TX 78249 cupation / Job title (See Instructions)	Employer (See Instructions	<u></u>		

	MONET	ARY POLITICAL (CONTRIBUTIO)N	<u>.</u>		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orr	m.	1	Total pages Schedule A1: Sch: 23/46 Rpt: 26/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2024	5 Full name of contributor Johnson, Sandra6 Contributor address; City; St				7	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78249						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	·)	9	Employer (See Instructions Self	s)		
	Date 01/20/2024	Full name of contributor Jones, Jamie Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$6.25
	Principal occu	Houston, TX 77040 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Insurance A)		One Digita	٥)		
	Date 02/20/2024	Full name of contributor Jones, Jamie Contributor address; City; Si)		Amount of Contribution (\$)	\$6.25
		Houston, TX 77040						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions One Digita	S)		
	Date 01/21/2024	Full name of contributor Keathley, Bryan Contributor address; City; Si Arlington, TX 76012	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Safe Harbor Benefits Hi		nbotham	
	Date 02/21/2024	Full name of contributor Keathley, Bryan Contributor address; City; St Arlington, TX 76012	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Safe Harbor Benefits Hi		nbotham	
		-		<u> </u>				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 24/46 Rpt: 27/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	kas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2024	5 Full name of contributor Kelly, Renee6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$12.50
		Austin, TX 78717						
8	Principal occu Insurance Sa	pation / Job title (See Instructions ales)		Employer (See Instructions Ameritas	s) 		
	Date 02/20/2024	Full name of contributor Kelly, Renee Contributor address; City; St)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Insurance Sa				Ameritas			
	Date 01/20/2024	Full name of contributor Kirkhart, Taylor Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Boyd, TX 76023						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Marsh & McLennan Age	•	y	
	Date 02/20/2024	Full name of contributor Kirkhart, Taylor Contributor address; City; St Boyd, TX 76023	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions) Marsh & McLennan Agency				
	Date 01/20/2024	Full name of contributor Knight, Jack Contributor address; City; St Amarillo, TX 79109	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
			1					

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 25/46 Rpt: 28/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	kas	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 02/20/2024	5 Full name of contributor Knight, Jack6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$6.25
		Amarillo, TX 79109	. 1	_				
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9	Employer (See Instructions Self	5)		
	Date 01/19/2024	Full name of contributor Lachney, Teresa Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$15.95
	Principal occu	Amarillo, TX 79108 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Insurance A		,		Self	-,		
	Date 02/19/2024	Full name of contributor Lachney, Teresa Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$15.95
		Amarillo, TX 79108						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	s)		
	Date 01/20/2024	Full name of contributor Lawlis, Rita Contributor address; City; St Lubbock, TX 79424	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Ashmore & Associates	5)		
	Date 02/20/2024	Full name of contributor Lawlis, Rita Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Ashmore & Associates	s)		
		y -··-						

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS .	SCHEDULE A1	
	The Instru	ction Guide explains hov	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 26/46 Rpt: 29/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	ınce Professionals - Te	exas PAC	3 Filer ID (Ethics Commission Filers) 00042577	
4	Date 01/20/2024	5 Full name of contributor Leal, Gary6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$12.5	\$12.50
8		Rosharon, TX 77583 pation / Job title (See Instructions) les Consultant	5)	9 Employer (See Instructions BCBS-TX	5)	
	Date 02/20/2024	Full name of contributor Leal, Gary Contributor address; City; S Rosharon, TX 77583			Amount of Contribution (\$) \$12.5	0
	Principal occupation / Job title (See Instructions) Producer Sales Consultant BCBS-TX				<u> </u>	
	Date 01/20/2024	Full name of contributor Ledgerwood, Michael Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$25.0	0
	Principal occu Insurance Sa	Cypress, TX 77433 pation / Job title (See Instructions ales	5)	Employer (See Instructions Senior Health Plans of T		
	Date 02/20/2024	Full name of contributor Ledgerwood, Michael Contributor address; City; S Cypress, TX 77433	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$25.0	0
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	5)	Employer (See Instructions Senior Health Plans of	<i>'</i>	
	Date 01/20/2024	Full name of contributor Lee, Diane Contributor address; City; S Corpus Christi, TX 78401)	Amount of Contribution (\$) \$6.2	5
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Self	55)	

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 27/46 Rpt: 30/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commissio 00042577	n Filers)
4	Date 02/20/2024	5 Full name of contributor Lee, Diane6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$6.25
Ĺ		Corpus Christi, TX 78401	, I	_	(O)	<u></u>		
8	Insurance A	pation / Job title (See Instructions gent	i)	9	Employer (See Instructions Self	5)		
	Date 01/05/2024	Full name of contributor Long, Scott Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	Katy, TX 77494 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Insurance A	gent			Self			
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:) Long, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
		Katy, TX 77494						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	·)		Employer (See Instructions Self	5)		
	Date 02/05/2024	Full name of contributor Long, Scott Contributor address; City; St Katy, TX 77494	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
	Date 01/18/2024	Full name of contributor Lopez, Melissa Contributor address; City; St San Antonio, TX 78260-2)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Aetna TX	s)		

MONEI	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULE	■ A1
The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/46 Rpt: 31/66	
FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
Date 02/18/2024	5 Full name of contributor Lopez, Melissa6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
Principal occu Insurance Aç	San Antonio, TX 78260-22 pation / Job title (See Instructions gent		9 Employer (See Instructions Aetna TX	s)		
Date 01/20/2024	Full name of contributor Martin, Patricia Contributor address; City; St Houston, TX 77056)		Amount of Contribution (\$)	\$12.50
Principal occupation / Job title (See Instructions) Employer (Se Insurance Agent Self				s)		
Date 02/20/2024	Full name of contributor Martin, Patricia Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
Principal occu	Houston, TX 77056 pation / Job title (See Instructions gent)	Employer (See Instructions	s)		
Date 01/10/2024	Full name of contributor Meason, Toby Contributor address; City; St Amarillo, TX 79101)		Amount of Contribution (\$)	\$12.50
Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	s)		
Date 02/10/2024	Full name of contributor Meason, Toby Contributor address; City; St Amarillo, TX 79101	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
Principal occu Insurance Aç	nation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 29/46 Rpt: 32/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance	e Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/01/2024	5 Full name of contributor Meyer, Steven6 Contributor address; City; State;	out-of-state PAC (ID#:;)	7	Amount of Contribution (\$)	\$27.53
		Centennial, TX 80112					
8	Principal occu Broker	pation / Job title (See Instructions)	9	Employer (See Instructions Colorado Benefit Adviso			
	Date 01/20/2024	Full name of contributor Miller, Derella Ann Contributor address; City; State; Tyler, TX 75701	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance Aç	gent		Hibbs Hallmark			
	Date 02/20/2024	Full name of contributor Miller, Derella Ann Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
		Tyler, TX 75701					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Hibbs Hallmark)		
	Date 01/20/2024	Full name of contributor Naylor, Candice Contributor address; City; State; Fritch, TX 79036				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 02/20/2024	Full name of contributor Naylor, Candice Contributor address; City; State; Fritch, TX 79036	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 30/46 Rpt: 33/66		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as PAC		00042577		
4 Date 01/20/2024		5 Full name of contributor Ott, Rick	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$6.25	
		6 Contributor address; City; S						
Ļ	Drive in all accord	Corpus Christi, TX 78403) Francisco (Con Instructions	<u>, </u>			
8	Insurance A	pation / Job title (See Instructions gent	5)	Employer (See Instructions Self	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	02/20/2024	Ott, Rick					\$6.25	
		Contributor address; City; S	tate; Zip Code		1			
		Corpus Christi TV 79402						
	Dringing con	Corpus Christi, TX 78403 pation / Job title (See Instructions		Employer (See Instructions	<u>'</u>			
				Employer (See Instructions Self	o)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)		
	01/20/2024	Pancerz, Claire	_ `			, ,	\$12.50	
		Contributor address; City; S	tate; Zip Code		1			
		Dallas, TX 75251						
	Principal occu	nation / Job title (See Instructions	3)	Employer (See Instructions	See Instructions)			
	Insurance Aç	gent		Holmes Murphy & Asso	ociates			
	Date	Full name of contributor	out-of-state PAC (ID#:)) Amount of Contribution (\$)			
	02/20/2024	Pancerz, Claire					\$12.50	
		Contributor address; City; S	tate; Zip Code		1			
		Dallas, TX 75251						
		pation / Job title (See Instructions	3)	Employer (See Instructions	-			
	Insurance A	gent		Holmes Murphy & Asso	cia	tes		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	440.50	
	01/19/2024						\$12.50	
		Contributor address; City; S	tate; zip Code					
		Corpus Christi, TX 78451						
_	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	?) 			
	Insurance A			Carlisle Insurance Ager				
			<u> </u>					
L								

	MONEI	ARY POLITICAL C	ONTRIBUTIO)N	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 31/46 Rpt: 34/66	
2		sociation of Benefit and Insurar	nce Professionals - Te	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/19/2024	Full name of contributor Parkey, SarahContributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$12.50
_	Dringing one	Corpus Christi, TX 78451	<u>. </u>	_	Finalescer (Con Instructions			
8	Insurance Aç	upation / Job title (See Instructions) gent			Employer (See Instructions Carlisle Insurance Agen			
	Date 01/20/2024	Full name of contributor Perryman, Melissa Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78730 upation / Job title (See Instructions)	<u>, </u>		Employer (See Instructions	·,		
	Insurance A		[']		Self	')		
	Date 02/20/2024	Full name of contributor Perryman, Melissa Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	l	Austin, TX 78730						
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)		Employer (See Instructions Self)		
	Date 01/20/2024	Full name of contributor Phifer, Joe Contributor address; City; Sta Dallas, TX 75219	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	upation / Job title (See Instructions))		Employer (See Instructions Sun Life Financial	<u> </u>		
	Date 02/20/2024	Full name of contributor Phifer, Joe Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)		Employer (See Instructions Sun Life Financial)		

MONE	TARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
The Instru	uction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 32/46 Rpt: 35/66
2 FILER NAME National As	E ssociation of Benefit and Insurance Professionals - Tex	as PAC	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 01/02/2024	 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$25.0
	Corpus Christi, TX 78414		
8 Principal occ Account Ma	,	9 Employer (See Instructions UnitedHealthcare Emplo	byer & Individual
Date 02/02/2024			Amount of Contribution (\$) \$25.0
	Corpus Christi, TX 78414		
Principal occ Account Ma	cupation / Job title (See Instructions) anager	Employer (See Instructions UnitedHealthcare Emplo	
Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Rasmussen, Reid Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$12.5
	Mckinney, TX 75071		
Principal occ Agent	cupation / Job title (See Instructions)	Employer (See Instructions fresh benies)
Date 02/19/2024	1		Amount of Contribution (\$) \$12.5
Principal occ Agent	cupation / Job title (See Instructions)	Employer (See Instructions fresh benies	l ;)
Date 01/20/2024	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$12.5
	Austin, TX 78748		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 33/46 Rpt: 36/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2024	5 Full name of contributor Reynolds, Caleb6 Contributor address; City; S	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Austin, TX 78748 pation / Job title (See Instructions	;)	9	Employer (See Instructions	 		
	Insurance Aç		,		Self	,		
	Date 01/20/2024	Full name of contributor Richiuso, Christine Contributor address; City; S					Amount of Contribution (\$)	\$12.50
	Dringing Lagra	Murphy, TX 75094			Faralous (Coo la atrustica	<u></u>		
	Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor Richiuso, Christine Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$12.50
		Murphy, TX 75094						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	s)		
	Date 01/20/2024	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; S El Paso, TX 79912)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Benefit Solutions	uctions)		
	Date 01/20/2024	Full name of contributor Rivera, Marisa Contributor address; City; S McAllen, TX 78501	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	· · · · · · · · · · · · · · · · · · ·		Employer (See Instructions One Digital	5)		_

	MONET	ARY POLITICAL CONTRIBU	IS		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 34/46 Rpt: 37/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals	s - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 02/20/2024	 Full name of contributor out-of-state PAC Rivera, Marisa Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> S)		
	Date 01/20/2024	Full name of contributor out-of-state PAC Rivera, Mike		One Digital		Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Newkirk & Newkirk	<u>l</u> S)		
	Date 02/20/2024	Full name of contributor out-of-state PAC Rivera, Mike Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	-	Houston, TX 77040 pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 01/15/2024	Full name of contributor out-of-state PAC		Newkirk & Newkirk	•	Amount of Contribution (\$)	\$12.50
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Boomer Benefits	<u> </u> S)		
	Date 02/15/2024	Full name of contributor out-of-state PAC Roberts, Danielle Contributor address; City; State; Zip Code Fort Worth, TX 76108	C (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Boomer Benefits	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N 	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 35/46 Rpt: 38/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2024	5 Full name of contributor Robinson, Judith6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
	Delinational annual	Tyler, TX 75703	\		Frankrick (O. a. la atmostica			
8	Insurance A	pation / Job title (See Instructions gent	5)	9	Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor Robinson, Judith Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions	s)		Employer (See Instructions	 - s)		
	Insurance Aç	gent			Self			
	Date 01/20/2024	Full name of contributor Rolf, Rita Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Allen, TX 75013						
	Principal occu Insurance Ag	pation / Job title (See Instructions gent	s)		Employer (See Instructions TexCap Insurance Serv	•	s	
	Date 02/20/2024	Full name of contributor Rolf, Rita Contributor address; City; Si Allen, TX 75013	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions TexCap Insurance Serv		S	
	Date 01/16/2024	Full name of contributor Salazar, Veronica Contributor address; City; Si Kingwood, TX 77339	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$12.00
	Principal occu Business Ad	pation / Job title (See Instructions visor	s)		Employer (See Instructions G & A Partners	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 36/46 Rpt: 39/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/11/2024	5 Full name of contributor Salazar, Veronica6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.00
_	Deinsinal assu	Kingwood, TX 77339	x		Franks or (Cook and other others			
8	Business Ad	pation / Job title (See Instructions visor	(1)	9	Employer (See Instructions G & A Partners			
	Date 01/20/2024	Full name of contributor Scott, Nicole Contributor address; City; S San Antonio, TX 78249					Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/20/2024	Full name of contributor Scott, Nicole Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions	s)		Employer (See Instructions	 		
	Insurance Sa		Ź					
	Date 01/15/2024	Full name of contributor Sherman, Joe Contributor address; City; S Dallas, TX 75248	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent			Employer (See Instructions The Insurance Exchange			
	Date 02/15/2024	Full name of contributor Sherman, Joe Contributor address; City; S Dallas, TX 75248	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	pation / Job title (See Instructions gent	()		Employer (See Instructions The Insurance Exchang			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/46 Rpt: 40/66	
2	FILER NAME National Ass	sociation of Benefit and Insuran	nce Professionals - Tex	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2024	5 Full name of contributor Smith, Craig6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu Insurance Aç	Tyler, TX 75703 upation / Job title (See Instructions) gent	g	9 Employer (See Instructions Ark Assurance	<u></u> ;)		
	Date 02/20/2024	Full name of contributor Smith, Craig Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	upation / Job title (See Instructions)		Employer (See Instructions Ark Assurance	<u> ;)</u>		
	Date 01/20/2024	Full name of contributor Smith, Mike Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	Lewisville, TX 75057 upation / Job title (See Instructions)	'	Employer (See Instructions The Brokerage, Inc.	<u> </u> ;)		
	Date 02/20/2024	Full name of contributor Smith, Mike Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	upation / Job title (See Instructions)		Employer (See Instructions The Brokerage, Inc.	<u> ;)</u>		
	Date 01/09/2024	Full name of contributor Snyder, Stephen Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent		Employer (See Instructions Self	;)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS			SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 38/46 Rpt: 41/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PA	.C	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 02/09/2024	5 Full name of contributor Snyder, Stephen6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$12.50
8	Principal occu Insurance Aç	-	s)	9 Emp	oloyer (See Instructions	<u> </u> s)		
	Date 01/25/2024	Full name of contributor Southan, Tamela Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	Dallas, TX 75218-4320 pation / Job title (See Instructions gent	s)	Em _l Sel	ployer (See Instructions	<u> </u> s)		
	Date 01/07/2024	Full name of contributor Splawn, W. Craig Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$30.00
		Houston, TX 77077 pation / Job title (See Instructions	s)		ployer (See Instructions	<u> </u> S)		
	Date 02/07/2024	Full name of contributor Splawn, W. Craig Contributor address; City; S Houston, TX 77077	out-of-state PAC (ID#:_	Spi	awn & Associates		Amount of Contribution (\$)	\$30.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	;)		oloyer (See Instructions awn & Associates	5)		
	Date 01/20/2024	Full name of contributor Stair, B. Gene Contributor address; City; S Austin, TX 78738	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$7.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		oloyer (See Instructions ir & Associates LLC	5)		

	MONET	ETARY POLITICAL CONTRIBUTIONS					SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 39/46 Rpt: 42/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	S PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2024	5 Full name of contributor Stair, B. Gene6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$7.50
_	Dringing age	Austin, TX 78738	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	Employer (Coo Instructions	<u>, </u>		
8	Insurance Aç	pation / Job title (See Instructions gent)	9	Employer (See Instructions Stair & Associates LLC	5)		
	Date 01/20/2024	Full name of contributor Stanley, Jennifer Contributor address; City; St					Amount of Contribution (\$)	\$12.50
	Principal occu	Frisco, TX 75033 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Insurance Aç				Marsh & McLennan			
	Date 02/20/2024	Full name of contributor Stanley, Jennifer Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Frisco, TX 75033						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Marsh & McLennan	5)		
	Date 01/03/2024	Full name of contributor Stockstill, Beckie Contributor address; City; St Deer Park, TX 77536	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	<u>(</u>		
	Date 02/03/2024	Full name of contributor Stockstill, Beckie Contributor address; City; St Deer Park, TX 77536	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	אי 	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 40/46 Rpt: 43/66	
2	FILER NAME National Ass	sociation of Benefit and Insurar	nce Professionals - Te:	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2024	Full name of contributor Stokes Lee, Susan Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Spring, TX 77389 upation / Job title (See Instructions)	<u>)</u>	9	Employer (See Instructions	:)		
	Insurance Ag		,		Self	,,		
	Date 02/20/2024	Full name of contributor Stokes Lee, Susan Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringinal occu	Spring, TX 77389	<u>, </u>		Employor (Soo Instructions	·/		
	Insurance Aç	ıpation / Job title (See Instructions) gent	'		Employer (See Instructions Self	·)		
	Date 01/20/2024	Full name of contributor Stubbs, Clifton Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$12.50
		Frisco, TX 75035						
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)		Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor Stubbs, Clifton Contributor address; City; Sta					Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	I upation / Job title (See Instructions) gent)		Employer (See Instructions Self	<u>(</u>		
	Date 01/20/2024	Full name of contributor Sullivan, Audra Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)		Employer (See Instructions Vogue Insurance	5)		

	MONEI	ARY POLITICAL CONTRIBUT		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete this	s fo	rm.	1	Total pages Schedule A1: Sch: 41/46 Rpt: 44/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals -	Tex	as PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4		 5 Full name of contributor			7	Amount of Contribution (\$)	\$103.48
8	Principal occu Insurance Aç	Arlington, TX 76007 pation / Job title (See Instructions) gent	9	Employer (See Instructions Vogue Insurance	<u> </u> s)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (IE Sullivan, Audra Contributor address; City; State; Zip Code Arlington, TX 76006	O#:)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Vogue Insurance	5)		
	Date 01/20/2024	Full name of contributor out-of-state PAC (ID Swanson, Cynthia Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Tyler, TX 75711 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Insurance Aç	gent		Hibbs Hallmark & Comp	an	у	
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID Swanson, Cynthia Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	Tyler, TX 75711 pation / Job title (See Instructions) gent		Employer (See Instructions Hibbs Hallmark & Comp		у	
	Date 01/20/2024	Full name of contributor out-of-state PAC (ID Sypert, Steve Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO)N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 42/46 Rpt: 45/66	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2024	5 Full name of contributorSypert, Steve6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Lubbock, TX 79464						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9	Employer (See Instructions Self	5)		
	Date 01/21/2024	Full name of contributor Theesfeld, Angela Contributor address; City; St)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Insurance Aç	gent			Self			
	Date 02/01/2024	Full name of contributor Theesfeld, Angela Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$21.10
		San Antonio, TX 78258						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	s)		
	Date 02/21/2024	Full name of contributor Theesfeld, Angela Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
	Date 01/20/2024	Full name of contributor Thorne, Roblyn Contributor address; City; St Austin, TX 78749	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	pation / Job title (See Instructions gent)		Employer (See Instructions Self	s)		
				1				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/46 Rpt: 46/66	
2	FILER NAME			5.4.0	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insura		kas PAC	L	00042577	
4	Date 02/20/2024	5 Full name of contributor Thorne, Roblyn6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		Austin, TX 78749					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9 Employer (See Instructions Self	5)		
	Date 01/20/2024	Full name of contributor Trebing, C. Louanne Contributor address; City; Si Garland, TX 75042	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions	9)	Employer (See Instructions	5)		
	Insurance Aç	gent ————————————————————————————————————		Self			
	Date 02/20/2024	Full name of contributor Trebing, C. Louanne Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Garland, TX 75042					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	5)		
	Date 01/15/2024	Full name of contributor Trevino, Victoria Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$14.20
	Principal occu Broker	pation / Job title (See Instructions)	Employer (See Instructions BCBS of Texas	5)		
	Date 01/11/2024	Full name of contributor Vasquez Ramirez, Valeria Contributor address; City; Si San Antonio, TX 78233				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Davidson Camp Insurar		Services, LLC	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 44/46 Rpt: 47/66	
2	FILER NAME National Ass	ociation of Benefit and Insuran	ce Professionals - Te	xas PAC	3 Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/11/2024	5 Full name of contributor Vasquez Ramirez, Valeria6 Contributor address; City; Sta)	7 Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78233				
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		9 Employer (See Instructions Davidson Camp Insurar		
	Date 01/20/2024	Full name of contributor Walker, Kenneth Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code)	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Nexus Insurance Marke		
	Date 02/20/2024	Full name of contributor Walker, Kenneth Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code		Amount of Contribution (\$)	\$25.00
	Principal occur	Austin, TX 79721 pation / Job title (See Instructions)		Employer (See Instructions		
	Owner	padon / cos dae (cos moducació)		Nexus Insurance Marke		
	Date 01/23/2024	Full name of contributor Wallace, Kasey Contributor address; City; Sta			Amount of Contribution (\$)	\$12.50
	Principal occu	Houston, TX 77041 pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 02/23/2024	Full name of contributor Wallace, Kasey	out-of-state PAC (ID#:_ tte; Zip Code	Kilpatrick Companies	Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Principal occu Account Exe	pation / Job title (See Instructions)		Employer (See Instructions Kilpatrick Companies	5)	

	MONET	ARY POLITICAL CONT	TRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 45/46 Rpt: 48/66	
2	FILER NAME National Ass	ociation of Benefit and Insurance Pro	fessionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 01/17/2024	Wallin, Johnny	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Kennedale, TX 76060 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0	Insurance Aç	,	3	Self	·)		
	Date 02/17/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-			•	Amount of Contribution (\$)	\$12.50
	Principal occur	Kennedale, TX 76060 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Insurance A			Self	"		
	Date 01/20/2024	Full name of contributor out-contributor out-contributor address; City; State; Zip of	of-state PAC (ID#:		•	Amount of Contribution (\$)	\$12.50
		Plano, TX 75025					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Protect Plans	5)		
	Date 02/20/2024	Wild, Trei	of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Protect Plans	<u>l</u> S)		
	Date 01/29/2024	Willingham, Sean	of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Medicare Man	s)		
			,				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 46/46 Rpt: 49/66		
2	FILER NAME National Ass	sociation of Benefit and Insurance Professionals - Te	xas PAC	3 Filer ID (Ethics Commission Filers) 00042577		
4	Date 01/20/2024 5 Full name of contributor out-of-state PAC (ID#:) Young, Peter 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$12.50			
		Allen, TX 75013				
8	Principal occu Insurance A		9 Employer (See Instruction Independent Insurance			
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Young, Peter Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$12.50		
		Allen, TX 75013				
	Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instruction Independent Insurance					

PLE	DGED CONTRIBU	TIONS		SCHE	EDULE B
Т	he Instruction Guide exp	1 Total pages Schedule B: Sch: 1/1 Rpt: 50/66			
2 FILER N				3 Filer ID (Ethics Commission F	Filers)
National	Association of Benefit and Ir	nsurance Professiona	ls - Texas PAC	00042577	
4 TOTAL	OF UNITEMIZED PLEDO	SES		\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (D#:	9 In-kind de: pledge (\$) (If applied	scription
	7 Pledgor Address;	City; State; Zip Co	ode		
40.5: : 1			Taa	Check if travel outside of Texas. Con	nplete Schedule T
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See Ir	structions)	

	LOANS						SCH	EDULE E	.
	The Instruction Guide explains how to complete this form			ges Schedule E . Rpt: 51/66	:				
2	FILER NAME National Associa	ation of Benefit and Insurance Profession	als - Te	exas PAC		iler ID 00425	(Ethics Comm	ission Filers)	١
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0	.00
5	Date of loan	7 Name of lender out-of-	-state PA	C (ID#:			9 Loan Amou	int (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra		
							11 Maturity Da	ite	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Inst	ructions)				
14	Description of Coll	ateral		15 Check if personal for	unds were de	posited	into political ac (See Instru		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City; S	State;	Zip Code					
20	Principal occupation	on		21 Employer (See Inst	ructions)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/12 Rpt: 52/66	2 FILER NAME National Association of Benefit and Insurance Professionals 3 Filer ID (Ethics Commission Filers) 00042577
4 Date	5 Payee name
02/14/2024	Aicha Davis Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	608 Tara Dr.
Expenditure from corporate funds	DeSoto, TX 75115
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuodions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Alma Allen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3717 Cork Drive
4000.00	51 <u>-</u> 1. 33.1K <u>-</u> 3.1K - 3.1K
Expenditure from corporate funds	Houston, TX 77047
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Briscoe Cain Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. BOX 7
\$1,000.00	F.O. BOX 1
Expenditure from corporate funds	Deer Park, TX 77536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/12 Rpt: 53/66	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
02/14/2024	Charlene Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 925775
Expenditure from corporate funds	Houston, TX 77292
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
02/14/2024	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. BOX 1440
— F	
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Commission ONII V if dispose	Condidate/Office holds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Christina Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6960 Rustic Street, Suite 107
Expenditure from	
corporate funds	Houston, TX 77087
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/12 Rpt: 54/66	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
02/14/2024	Cole Hefner for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
02/14/2024	Dade Phelan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 848
Expenditure from corporate funds	Nederland, TX 77627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
02/14/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2569
Expenditure from corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/12 Rpt: 55/66	2 FILER NAME National Association of Benefit and Insurance Professionals 3 Filer ID (Ethics Commission Filers) 00042577
4 Date	5 Payee name
02/14/2024	Erin Zwiener Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 184
Expenditure from corporate funds	Driftwood, TX 78619
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1183
Ψ500.00	1 O BOX 1103
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Harold Dutton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4001 Jewett
Ψ000.00	4001 06W6H
Expenditure from corporate funds	Houston, TX 77026
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
ordan dara r ayınısın	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/12 Rpt: 56/66	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
02/14/2024	Herbert Vo Campaign
C Amount (th)	
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 2227
Expenditure from	
corporate funds	Alief, TX 77411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
02/14/2024	JUSTIN HOLLAND CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	101 E. Rusk St., #201
Expenditure from corporate funds	Rockwall, TX 75087
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaigh Contribution
Operation ONLY if allowed	Our stide to 10 ff as had done as one
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Jacey Jetton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	306 Morton St.
Ψ200.00	
Expenditure from	B' by a d TV 77400
corporate funds	Richmond, TX 77469
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Great Gara F dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/12 Rpt: 57/66	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
02/14/2024	James Talarico Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 5850
Expenditure from corporate funds	Round Rock, TX 78683
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dato	Davies warms
Date	Payee name
02/14/2024	Jarvis Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 16600
Evpanditura from	
Expenditure from corporate funds	Houston, TX 77222
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
02/14/2024	Jay Dean for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	3822 Holly Ridge Longview
Expenditure from corporate funds	Longview, TX 75605
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/12 Rpt: 58/66 National Association of Benefit and Insurance Professionals 00042577 4 Date Payee name 02/14/2024 Jeff Barry Campaign Amount (\$) Payee address; State; Zip Code \$500.00 4418 Broadways St. Expenditure from Pearland, TX 77581 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2024 Jeff Leach Campaign Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 866186 Expenditure from Plano, TX 75086 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2024 John Kuempel Campaign Amount (\$) Payee address: City; State; Zip Code \$500.00 902 E. College St. Expenditure from corporate funds Seguin, TX 78155 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/12 Rpt: 59/66	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
02/14/2024	Keith Bell Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO BOX 1178
Expenditure from corporate funds	FORNEY, TX 75126
8 PURPOSE	(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	- m.p.mg., communication
O Consulate ONLY if dispert	Our distance (Office Includes a constant of the constant of th
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to borione of o	
Date	Payee name
02/14/2024	Lacy Hull For Texas
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$1,000.00	PO Box 19231
Expenditure from	
corporate funds	Housten, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/14/2024	Leslie Robnett Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO Box 470072
Ψ130.00	10000710012
Expenditure from	
corporate funds	Fort Worth, TX 76147
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense 7 - Gift/Awards/Memorials Expen Il Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract	Ті Ті	avel in District avel Out of Dist	rict category not listed above)
Credit Card Payment	The Instruction Guide e	explains how to complete this	form.		
1 Total pages Schedule F1: Sch: 9/12 Rpt: 60/66	FILER NAME National Association of Benefit a	and Insurance Profession		iler ID 0042577	(Ethics Commission Filers)
4 Date	5 Payee name				
02/14/2024	Linda Garcia Campaign				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$250.00	PO Box 470072				
Expenditure from corporate funds	Forth Worth, TX 76147				
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Descri	ption		
OF EXPENDITURE	Contributions/Donations Made E Candidate/Officeholder/Political	Committee Che	ck if travel outside ck if Austin, TX, off paign Contrib	iceholder living	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office he	ld
Date	Payee name				
02/14/2024	Liz Campos Campaign				
Amount (\$)	Payee address; City;	State; Zip Code			
\$500.00	1028 Rigsby				
Expenditure from corporate funds	San Antonio, TX 78210				
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Descri	ption		
OF EXPENDITURE	Contributions/Donations Made E	By 🔲 Che	ck if travel outside		
	Candidate/Officeholder/Political		ck if Austin, TX, off paign Contrib		expense
		Camp	aigir Contino	ution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office he	ld
Date	Payee name				
02/14/2024	Matt Shaheen Campaign				
Amount (\$)	Payee address; City;	State; Zip Code			
\$500.00	6501 Legacy Drive, #LL1				
Expenditure from corporate funds	Plano, TX 75024				
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Descri	ption		
OF EXPENDITURE	Contributions/Donations Made E Candidate/Officeholder/Political	, I I	ck if travel outside ck if Austin, TX, off		
	Candidate/Onicendide//Political		aign Contrib	-	огранос
			y		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
expenditure to benefit C/OI	4				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
3	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/12 Rpt: 61/66	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
02/14/2024	Nathan Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payes name
	Paylenage Compaign
02/14/2024	Ray Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	5309 Wurzbach Road Suite 100-7
Expenditure from	
corporate funds	Leon Valley, TX 78238
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
02/14/2024	Roland Barrera Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	807 N. Upper Broadway
	Suite 102
Expenditure from corporate funds	Corpus Christi, TX 78401
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/12 Rpt: 62/66	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
02/14/2024	Shawn Thierry Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	3139 W. Holcombe #A346
Expenditure from corporate funds	Austin, TX 77025
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/14/2024	Stephanie Klick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 7592
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
02/14/2024	Steve Allison Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	14546 Brook Hollow Blvd, Box # 511
— Foresaditors from	
Expenditure from corporate funds	San Antonio, TX 78232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 12/12 Rpt: 63/66	2 FILER NAME National Association of Benefit and Insurance Professionals 3 Filer ID (Ethics Commission Filers) 00042577
4 Date 02/14/2024 6 Amount (\$) \$500.00	 5 Payee name Travis Clardy Campaign 7 Payee address; City; State; Zip Code 209 E. Main St
Expenditure from corporate funds	Nacogdoches, TX 75961
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 02/14/2024 Amount (\$) \$500.00	Payee name Trey Wharton for texas Payee address; City; State; Zip Code P.O. Box 1242
Expenditure from corporate funds	Huntsville, TX 77342
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/3 Rpt:	National Association of Benefit and Insurance	00042577		
4 Date	5 Payee name	•		
02/05/2024	Bank of America			
6 Amount (\$)	7 Payee Address; City; State; Zip			
95.00	500 N. Akard			
Expenditure from corporate funds	Dallas, TX 75201			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Accounting/Banking	Service charge		
EXPENDITORE				
Date	Payee name			
02/01/2024	Bank of America			
Amount (\$)	Payee Address; City; State; Zip			
29.95	500 N. Akard			
Expenditure from				
corporate funds	Dallas, TX 75201			
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	l ·		
OF EXPENDITURE	Accounting/Banking	Service charge		
Date	Payee name			
01/17/2024	Jaffe Communications			
Amount (\$)	Payee Address; City; State; Zip			
600.00	312 North Avenue East, Suite 5			
Expenditure from				
corporate funds	Cranford, NJ 07016			
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Consulting Expense	Management fees		
5.				
Date	Payee name Jaffe Communications			
01/02/2024				
Amount (\$)	Payee Address; City; State; Zip			
180.00	312 North Avenue East, Suite 5			
Expenditure from	Cranford, NJ 07016			
corporate funds		(Conjunction providing the of information required)		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) website repair		
EXPENDITURE	Containing Expense	website repair		
	1			

SCHEDULE I

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/3 Rpt:	National Association of Benefit and Insurance 00042577	
4 Date	5 Payee name	
01/02/2024	Pay Pal	
6 Amount (\$)	7 Payee Address; City; State; Zip	
134.02	PO Box 1900	
Expenditure from corporate funds	San Jose, CA 97136	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking Banking Service Fees	
EXPENDITORE		
Date	Payee name	
01/21/2024	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
31.94	21650 Oxnard Street., Suite 2200	
Expenditure from		
corporate funds	Woodland Hills, CA 91367	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking Accounting Software	
EXI ENDITORE		
Date	Payee name	
01/22/2024	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
0.44	21650 Oxnard Street., Suite 2200	
Expenditure from		
corporate funds	Woodland Hills, CA 91367	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking Accounting Software	
Date	Payee name	
01/23/2024	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
0.88	21650 Oxnard Street., Suite 2200	
Expenditure from		
corporate funds	Woodland Hills, CA 91367	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking Accounting Software	

SCHEDULE |

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME National Association of Benefit and Insurance 3 Filer ID (Ethics Commission Filers) 00042577	
4 Date 02/20/2024	5 Payee name Quickbook Payments	
6 Amount (\$) 32.16 Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Accounting Software	
Date 02/22/2024	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.) Accounting Software	