FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059417 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Mutual Insurance Companies PAC Date Received **ELECTRONICALLY FILED** 02/27/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 389 Change of Address Yoakum, TX 77995-0389 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Timothy L. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged McCoy CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 500 S. US Hwy 77A STREET **ADDRESS** (Residence or Business) Yoakum, TX 77995 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** P.O. Box 389 MAILING **ADDRESS** Change of Address Yoakum, TX 77995-0389 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (361) 293-1070 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

Texas Association of Mutual Insurance Companies PAC 14 COMMITTE ACTIVITY 15 Candidates (classify by name or # supplicable, classify by party.) (Putach lass or plain proper to compite the report if necessary.) 2. Measures 2. Measures 3. Officeholders Assisted (classify by name or # supplicable, classify by party.) 2. Measures 3. Officeholders Assisted (classify by name or # supplicable, classify by party.) 15 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR SUPPORT OF THE REPORTING ACTIVITY (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR SUPPORT OF THE REPORTING ACTIVITY (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL EXPENDITURES 7. TOTAL POLITICAL EXPENDITURES 8. TOTAL POLITICAL EXPENDITURES 9. TOTAL POLITICAL EXPENDITURES 1. SWEAR, OR Affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by munder Title 15, Election Code. Mr. Timothy L. McCoy	0 00MMTTEE			عد ا	I ID	/Ethina Committee 5	_
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			true and correct and	includes all information			
				Mr. Timothy L. I	МсСоу		
Signature of Campaign Treasurer				Signature of Campaig	n Treasure	er	
AFFIX NOTARY STAMP / SEAL ABOVE	AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the day	Sworn to and subscribed	before me, by the said		, this the	e	day	
of, 20, to certify which, witness my hand and seal of office.							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of officer ad	ministering oath	Printed name of officer administerir	ng oath Tit	tle of office	er administering oath	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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17 CO	MMITTI	(Ethics Commis	sion Filers)		
Tex	kas Ass				
	HEDUL ME OF	SUBTOTA	L AMOUNT		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00
3.	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	0.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				
				•	

PLEI	DGED CONTRIBU	TIONS			SCHEDULE B	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5		
2 FILER N	AME				s Commission Filers)	
Texas A	Texas Association of Mutual Insurance Companies PAC			00059417		
TOTAL OF UNITEMIZED PLEDGES				\$	0.00	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)				9 In-kind description	
		<u> </u>		pledge (\$)	(If applicable)	
	7 Pledgor Address;	City; State; Zip C	ode			
40 Dringing	Lacouration / Joh title (Coa lactu	.ational	144 - 1 10 1	1—	de of Texas. Complete Schedule T.	
10 Principal	l occupation / Job title (See Instru	ictions)	11 Employer (See In	ructions)		

	LOANS					SCHEDULE E	
	The Instruction Guide explains how to complete this form					ges Schedule E: 1 Rpt: 5/5	
FILER NAME Texas Association of Mutual Insurance Companies PAC					3 Filer ID (Ethics Commission Filers) 00059417		
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 Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	uctions)		
14	Description of Coll	ateral		15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20 Principal occupation				21 Employer (See Instructions)			