

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069829	2 Total pages filed: 15				
3 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 03/01/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 6106 Temple, TX 76503-6106		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Ms.	Barbara Renee					
			Receipt #	Amount			
			Date Processed				
			Date Imaged				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2301 S. 37th St. Temple, TX 76504						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2301 S. 37th St. Temple, TX 76504						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(254)	773-2181 x225					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	26	2024		02	25	2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee	13 Filer ID (Ethics Commission Filers) 00069829
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	Rep. DREW DARBY State Representative

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 773.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,544.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Barbara Renee Quinn

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 15

12 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee		13 Filer ID (Ethics Commission Filers) 00069829
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	Dr. BRAD BUCKLEY State Representative

SUBTOTALS - MPAC

17 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee		18 Filer ID (Ethics Commission Filers) 00069829
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 773.48
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26.71
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 5/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNETT, GREGORY	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code TEMPLE, TX 76502	
8 Principal occupation / Job title (See Instructions) IT MANAGER		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNETT, GREGORY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code TEMPLE, TX 76502	
Principal occupation / Job title (See Instructions) IT MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, STACY	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code HOLLAND, TX 76534	
Principal occupation / Job title (See Instructions) UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, STACY	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code HOLLAND, TX 76534	
Principal occupation / Job title (See Instructions) UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, CLINT	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code SALADO, TX 76571-7657	
Principal occupation / Job title (See Instructions) CLAIMS SUPERVISOR		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 6/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, CLINT <hr/> 6 Contributor address; City; State; Zip Code SALADO, TX 76571-7657	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CLAIMS SUPERVISOR		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, MARY <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) UNDERWRITING ADMIN ASST		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, MARY <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) UNDERWRITING ADMIN ASST		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENMAN, CHERIME <hr/> Contributor address; City; State; Zip Code EDDY, TX 76524	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENMAN, CHERIME <hr/> Contributor address; City; State; Zip Code EDDY, TX 76524	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 7/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEMPEL, CLAUDE <hr/> 6 Contributor address; City; State; Zip Code Temple , TX 76504	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTKA, AMBER <hr/> Contributor address; City; State; Zip Code ROGERS, TX 76569	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) STAFF CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTKA, AMBER <hr/> Contributor address; City; State; Zip Code ROGERS, TX 76569	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) STAFF CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HYKEL, RICHARD (Mr.) <hr/> Contributor address; City; State; Zip Code TROY, TX 76579-9026	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE CO
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, WESLEY <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 8/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, WESLEY <hr/> 6 Contributor address; City; State; Zip Code TEMPLE, TX 76502	7 Amount of Contribution (\$) \$9.62
8 Principal occupation / Job title (See Instructions) VICE PRESIDENT		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMENEZ, ESTEBAN <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) CUSTOMER RELATIONS SPECIALIST		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMENEZ, ESTEBAN <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) CUSTOMER RELATIONS SPECIALIST		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANGFORD, KENNETH <hr/> Contributor address; City; State; Zip Code CARTHAGE, TX 75633	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) FIELD CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANGFORD, KENNETH <hr/> Contributor address; City; State; Zip Code CARTHAGE, TX 75633	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) FIELD CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 9/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Joseph (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Holland, TX 76534	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self-Employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALINOWSKI, DARRELL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code CYPRESS, TX 77433	
Principal occupation / Job title (See Instructions) CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALINOWSKI, DARRELL	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code CYPRESS, TX 77433	
Principal occupation / Job title (See Instructions) CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCANAW, GREGORY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) CLAIMS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCANAW, GREGORY	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) CLAIMS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINN, BARBARA <hr/> 6 Contributor address; City; State; Zip Code TEMPLE, TX 76502	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CONTROLLER		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINN, BARBARA <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDEFUR, AMBER <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) UNDERWRITER-AUTO		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDEFUR, AMBER <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) UNDERWRITER-AUTO		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOCKLEY, WILEY <hr/> Contributor address; City; State; Zip Code BELTON, TX 76513	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOCKLEY, WILEY <hr/> 6 Contributor address; City; State; Zip Code BELTON, TX 76513	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, JAMES <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76504	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) SECRETARY		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, JAMES <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76504	Amount of Contribution (\$) \$9.62
Principal occupation / Job title (See Instructions) SECRETARY		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEELMAN, RHONDA <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) SELF EMPLOYED
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SULAK, IRENE <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76501	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT OPERATIONS		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 12/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SULAK, IRENE	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code TEMPLE, TX 76501	
8 Principal occupation / Job title (See Instructions) VICE PRESIDENT OPERATIONS		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stavinoha, Thomas (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Needville, TX 77461	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIRCUIT, SHEILA	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code ROGERS, TX 76569	
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASST.-MGA		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIRCUIT, SHEILA	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code ROGERS, TX 76569	
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASST.-MGA		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoma, Ryan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) RVOS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/15
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanek, Dennis (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Victoria, TX 77904	
8 Principal occupation / Job title (See Instructions) Independent Insurance Agent		9 Employer (See Instructions) Self Employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WON, BEN (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code BELTON, TX 76513	
Principal occupation / Job title (See Instructions) QA/SUPPORT MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WON, BEN (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code BELTON, TX 76513	
Principal occupation / Job title (See Instructions) QA/SUPPORT MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, ANNEKA	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code TEMPLE, TX 76502	
Principal occupation / Job title (See Instructions) HOMEOWNER UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, ANNEKA	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code TEMPLE, TX 76502	
Principal occupation / Job title (See Instructions) HOMEOWNER UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 14/15	2 FILER NAME RVOS Farm Mutual Insurance Group Political Action	3 Filer ID (Ethics Commission Filers) 00069829
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4 Date 02/05/2024	5 Payee name BUCKLEY, BRAD (Rep.)
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1301 North Stagecoach Road Salado, TX 76571
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for State Representative Brad Buckley
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2024	Payee name Darby, Drew (Rep.)
--------------------	----------------------------------

Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3284 San Angelo, TX 76902
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for State Representative Drew Darby
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME RVOS Farm Mutual Insurance Group Political Action	3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/12/2024	5 Payee name Wells Fargo Bank N.A.	
6 Amount (\$) 26.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 420 Montgomery Street San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Client Analysis Fee