FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069829 3 COMMITTEE NAME **OFFICE USE ONLY** RVOS Farm Mutual Insurance Group Political Action Committee Date Received **ELECTRONICALLY FILED** 03/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 6106 Change of Address Temple, TX 76503-6106 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Barbara Renee NAME Date Processed NICKNAME **SUFFIX** LAST Renee Date Imaged Quinn CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 2301 S. 37th St. STREET **ADDRESS** (Residence or Business) Temple, TX 76504 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2301 S. 37th St. MAILING **ADDRESS** Change of Address Temple, TX 76504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (254) 773-2181 x225 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE**

Forms provided by Texas Ethics Commission

Month

01/26/2024

11 PERIOD

COVERED

February 5

Year

X March 5

Day

GO TO PAGE 2
www.ethics.state.tx.us

May 5

June 5

THROUGH

August 5

September 5

Month

02/25/2024

Day

Version V3.5.1.9000c47f

November 5

December 5

Year

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed	3 Filer ID 00069829	(Ethics Commission Filers)
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.)	00003023	
ACTIVITY (Identify by name or, if applicable, classify by party.) Attach lists on plain chaper to complete this eport if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.)		
Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.)		
2. Measures (Describe by date and location of election and nature of issue.)		
(Describe by date and location of election and nature of issue.)		
(Describe by date and location of election and nature of issue.)		
of election and nature of issue.)		
B. Opposed		
3. Officeholders Rep. DREW DARBY State Repr. Assisted	esentative	
(Identify by name or, if applicable, classify by party.)		
CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
check here if this report qualifies for the higher itemization threshold		
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN DIEDGES LOANS OR GUARANTEES OF LOANS)	\$	773.48
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLITICAL EXPENDITURES	\$	1,500.00
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE OF THE REPORTING PERIOD	AY \$	4,544.42
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	IE \$	0.00
AFFIDAVIT		
I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.		
Ms. Barbara R	enee Ouini	n
Signature of Camp		
AFFIX NOTARY STAMP / SEAL ABOVE	3	
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 offic	cer administering oath

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 15 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) RVOS Farm Mutual Insurance Group Political Action Committee 00069829 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Dr. BRAD BUCKLEY State Representative Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

4					
		EE NAME rm Mutual Insurance Group Political Action Committee	18 Filer ID 00069829	(Ethics C	ommission Filers)
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	773.48
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.			\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	26.71
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				.1	

MON	ETARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
The Ins	struction Guide explains how to complet	e this form.	1 Total pages Schedule A1: Sch: 1/9 Rpt: 5/15
2 FILER NA	AME arm Mutual Insurance Group Political Action Co	ommittee	3 Filer ID (Ethics Commission Filers) 00069829
4 Date 02/06/20	5 Full name of contributor uut-of-state F		7 Amount of Contribution (\$) \$5.00
	TEMPLE, TX 76502		
8 Principal IT MANA	occupation / Job title (See Instructions) AGER	9 Employer (See Instruct RVOS FARM MUTU	ions) JAL INSURANCE COMPANY
Date 02/23/20	Full name of contributor out-of-state PD24 BURNETT, GREGORY Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$5.00
Dringing	TEMPLE, TX 76502	Employer (Coo Instruct	tions)
IT MAN	occupation / Job title (See Instructions) AGER	Employer (See Instruct RVOS FARM MUTU	IAL INSURANCE COMPANY
Date 02/06/20	Full name of contributor out-of-state F CARLSON, STACY Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$2.50
	HOLLAND, TX 76534		
	occupation / Job title (See Instructions) WRITER	Employer (See Instruct RVOS FARM MUTU	IAL INSURANCE COMPANY
Date 02/23/20	Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$2.50
	HOLLAND, TX 76534 occupation / Job title (See Instructions) WRITER	Employer (See Instruct	
Date 02/06/20	Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$10.00
Principal	SALADO, TX 76571-7657 occupation / Job title (See Instructions)	Employer (See Instruct	lions)
. 1. ***	SUPERVISOR		JAL INSURANCE COMPANY

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/15	
2	FILER NAME RVOS Farm	Mutual Insurance Group Polit	ical Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 02/23/2024	5 Full name of contributor CARROLL, CLINT6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
8		SALADO, TX 76571-7657 pation / Job title (See Instructions		9 Employer (See Instructions			
	Date 02/06/2024	Full name of contributor GREEN, MARY Contributor address; City; St TEMPLE, TX 76502	out-of-state PAC (ID#:	RVOS FARM MUTUAL	IIN:	Amount of Contribution (\$)	\$2.00
	•	pation / Job title (See Instructions TING ADMIN ASST)	Employer (See Instructions		SURANCE COMPANY	
	Date 02/23/2024	Full name of contributor GREEN, MARY Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	•	TEMPLE, TX 76502 pation / Job title (See Instructions TING ADMIN ASST)	Employer (See Instructions		SURANCE COMPANY	
	Date 02/06/2024	Full name of contributor GREENMAN, CHERIME Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	•	EDDY, TX 76524 pation / Job title (See Instructions NS MANAGER)	Employer (See Instructions		SURANCE COMPANY	
	Date 02/23/2024	Full name of contributor GREENMAN, CHERIME Contributor address; City; St EDDY, TX 76524	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions NS MANAGER		Employer (See Instructions		SURANCE COMPANY	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	otal pages Schedule A1: Sch: 3/9 Rpt: 7/15	
2	FILER NAME RVOS Farm	Mutual Insurance Group Politi	cal Action Committee		1	Filer ID (Ethics Commission 00069829	r Filers)
4	Date 02/01/2024	 Full name of contributor HEMPEL, CLAUDE Contributor address; City; Sta 	out-of-state PAC (ID#: atte; Zip Code		7 4	Amount of Contribution (\$)	\$100.00
		Temple , TX 76504					
8	Principal occu Director	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 02/06/2024	Full name of contributor HUTKA, AMBER Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	ROGERS, TX 76569 pation / Job title (See Instructions)	1	Employer (See Instructions	s)		
		IMS ADJUSTER		RVOS FARM MUTUAL		JRANCE COMPANY	
	Date 02/23/2024	Full name of contributor HUTKA, AMBER Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	ROGERS, TX 76569 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		IMS ADJUSTER		RVOS FARM MUTUAL	•	JRANCE COMPANY	
	Date 02/06/2024	Full name of contributor HYKEL, RICHARD (Mr.) Contributor address; City; Sta TROY, TX 76579-9026)		Amount of Contribution (\$)	\$10.00
	Principal occu DIRECTOR	pation / Job title (See Instructions)		Employer (See Instructions		JRANCE CO	
	Date 02/06/2024	Full name of contributor JACKSON, WESLEY Contributor address; City; Sta TEMPLE, TX 76502	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$9.62
	Principal occu VICE PRESI	pation / Job title (See Instructions) DENT		Employer (See Instructions RVOS FARM MUTUAL		JRANCE COMPANY	
			I.				

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this t	for	m.	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 F 00069829	ilers)
4	Date 02/23/2024	5 Full name of contributor out-of-state PAC (ID#: JACKSON, WESLEY 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$9.62
		TEMPLE, TX 76502					
8	VICE PRESI			Employer (See Instructions RVOS FARM MUTUAL			
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ JIMENEZ, ESTEBAN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
	Dringing aggr	TEMPLE, TX 76502	_	Employer (Coo Instructions	<u></u>		
	•	pation / Job title (See Instructions) R RELATIONS SPECIALIST		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ JIMENEZ, ESTEBAN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.00
		TEMPLE, TX 76502	_				
		pation / Job title (See Instructions) R RELATIONS SPECIALIST		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_LANGFORD, KENNETH Contributor address; City; State; Zip Code CARTHAGE, TX 75633				Amount of Contribution (\$)	\$4.00
	•	pation / Job title (See Instructions) MS ADJUSTER		Employer (See Instructions		SURANCE COMPANY	
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_LANGFORD, KENNETH Contributor address; City; State; Zip Code CARTHAGE, TX 75633				Amount of Contribution (\$)	\$4.00
		pation / Job title (See Instructions) MS ADJUSTER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
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	MONEI	ARY POLITICAL CON	IRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/15	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Act	tion Committee		3	Filer ID (Ethics Commission 00069829	n Filers)
4	Date 02/01/2024	Liles, Joseph (Mr.)	of-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Holland, TX 76534 pation / Job title (See Instructions)	la.	Employer (See Instructions	;) 		
ľ	Insurance A		l ³	Self-Employed	P)		
	Date 02/06/2024	MALINOWSKI, DARRELL Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	CLAIMS AD			RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/23/2024	Full name of contributor out- MALINOWSKI, DARRELL Contributor address; City; State; Zip	of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
		CYPRESS, TX 77433					
	Principal occu CLAIMS AD	pation / Job title (See Instructions) JUSTER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/06/2024	Full name of contributor out- MCANAW, GREGORY Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Temple, TX 76502					
	Principal occu CLAIMS MA	pation / Job title (See Instructions) NAGER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/23/2024	Full name of contributor out- MCANAW, GREGORY Contributor address; City; State; Zip	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$5.00
		Temple, TX 76502					
	Principal occu CLAIMS MA	pation / Job title (See Instructions) NAGER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/15	
2	FILER NAME RVOS Farm	Mutual Insurance Group Politi	cal Action Committee		3 Filer ID (Ethics Commission F 00069829	-ilers)
4	Date 02/06/2024			7 Amount of Contribution (\$)	\$10.00	
		TEMPLE, TX 76502				
8	Principal occu	pation / Job title (See Instructions) ER	9	Employer (See Instructions RVOS FARM MUTUAL	S) INSURANCE COMPANY	
	Date 02/23/2024	Full name of contributor QUINN, BARBARA Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$)	\$10.00
	Principal occu	TEMPLE, TX 76502		Employer (See Instructions	2)	
	CONTROLL	pation / Job title (See Instructions) ER			INSURANCE COMPANY	
	Date 02/06/2024	Full name of contributor SANDEFUR, AMBER Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$2.00
	Principal occu	TEMPLE, TX 76502 pation / Job title (See Instructions)		Employer (See Instructions	2)	
	UNDERWRI	`		, , ,	INSURANCE COMPANY	
	Date 02/23/2024	Full name of contributor SANDEFUR, AMBER Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	Amount of Contribution (\$)	\$2.00
	Principal occu UNDERWRI	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 02/06/2024	Full name of contributor SHOCKLEY, WILEY Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions	S) INSURANCE COMPANY	
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	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 11/15	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committ	ee		3	Filer ID (Ethics Commission 00069829	ı Filers)
4	Date 02/23/2024			7	Amount of Contribution (\$)	\$20.00	
0	Dringing Loggy	BELTON, TX 76513	ام	Employer (See Instruction	<u> </u>		
0	PRESIDENT	pation / Job title (See Instructions) -	9	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID SMITH, JAMES Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$9.62
	Principal occu	TEMPLE, TX 76504 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
SECRETARY RVOS FARM MUTUAL			SURANCE COMPANY				
	Date 02/23/2024	Full name of contributor)#:			Amount of Contribution (\$)	\$9.62
		TEMPLE, TX 76504					
	Principal occu SECRETAR	pation / Job title (See Instructions) Y		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID STEELMAN, RHONDA Contributor address; City; State; Zip Code FRISCO, TX 75034)		Amount of Contribution (\$)	\$100.00
	Principal occu INSURANCE	pation / Job title (See Instructions) E AGENT		Employer (See Instructions SELF EMPLOYED	5)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID SULAK, IRENE Contributor address; City; State; Zip Code TEMPLE, TX 76501	#:		•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) DENT OPERATIONS		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
				55 . 7 110 10/16			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/15	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Co	ommittee		3	Filer ID (Ethics Commission 00069829	n Filers)
4	Date 02/23/2024			Amount of Contribution (\$)	\$10.00		
		TEMPLE, TX 76501					
8		pation / Job title (See Instructions) DENT OPERATIONS	9	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/06/2024	Stavinoha, Thomas (Mr.)	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Insurance Aç	gent		Self Employed			
	Date 02/06/2024	Full name of contributor out-of-state F TIRCUIT, SHEILA Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$3.00
		ROGERS, TX 76569			<u>_</u>		
		pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 02/23/2024	Full name of contributor out-of-state F TIRCUIT, SHEILA Contributor address; City; State; Zip Code ROGERS, TX 76569)	•	Amount of Contribution (\$)	\$3.00
		pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions		SURANCE COMPANY	
	Date 02/06/2024	Full name of contributor out-of-state F Thoma, Ryan Contributor address; City; State; Zip Code San Angelo, TX 76904)		Amount of Contribution (\$)	\$10.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONEI	ARY POLITICAL CONTRIBUTION	J I	NS		SCHEDULE	A1		
	The Instru	ction Guide explains how to complete this	for	m.	1	1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/15			
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee	Э		3	Filer ID (Ethics Commission 00069829	Filers)		
4	Date 02/06/2024	2/06/2024 Vanek, Dennis (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00			
8		Victoria, TX 77904 pation / Job title (See Instructions) Insurance Agent	9	Employer (See Instructions Self Employed	<u> </u> s)				
Date Full name of contributor out-of-state PAC (ID#:) 02/06/2024 WON, BEN (Mr.) Contributor address; City; State; Zip Code BELTON, TX 76513		•	Amount of Contribution (\$)	\$10.00					
Principal occupation / Job title (See Instructions) QA/SUPPORT MANAGER Employer (See Instructions) RVOS FARM MUTUAL			SURANCE COMPANY						
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: WON, BEN (Mr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$10.00		
		pation / Job title (See Instructions) RT MANAGER		Employer (See Instructions		SURANCE COMPANY			
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#: WOOD, ANNEKA Contributor address; City; State; Zip Code TEMPLE, TX 76502			-	Amount of Contribution (\$)	\$2.00		
		pation / Job title (See Instructions) ER UNDERWRITER		Employer (See Instructions		SURANCE COMPANY			
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: WOOD, ANNEKA Contributor address; City; State; Zip Code TEMPLE, TX 76502			•	Amount of Contribution (\$)	\$2.00		
	·	pation / Job title (See Instructions) ER UNDERWRITER		Employer (See Instructions		SURANCE 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 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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
4 Date 02/05/2024 6 Amount (\$)	5 Payee name BUCKLEY, BRAD (Rep.) 7 Payee address; City; State; Zip Code
\$1,000.00	1301 North Stagecoach Road
corporate funds	Salado, TX 76571
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Contribution for State Representative Brad Buckley
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Darby, Drew (Rep.)
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 3284
Expenditure from corporate funds	San Angelo, TX 76902
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 Contribution for State Representative Drew Darby
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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:4 Date 02/12/2024	2 FILER NAME RVOS Farm Mutual Insurance Group Political Action 3 Filer ID (Ethics Commission Filers) 00069829 5 Payee name Wells Fargo Bank N.A.
6 Amount (\$) 26.71 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