

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Surplus Lines Assn. PAC	13 Filer ID (Ethics Commission Filers) 00015955
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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 Greg Abbott Governor
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 107,820.00
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.

Jean T. Patterson

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Surplus Lines Assn. PAC		18 Filer ID (Ethics Commission Filers) 00015955
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,875.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 431.62
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: 1/7 Rpt: 4/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arsenault, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Leonard, TX 75452	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) insurance broker		9 Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babler, Terence <hr/> Contributor address; City; State; Zip Code Dallas, TX 75825	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Jodi <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76123	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brecht, Jennifer <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daves, Ana <hr/> Contributor address; City; State; Zip Code Marietta, GA 30066	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) company underwriter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devall, Jim <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76209	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) claims adjuster		9 Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ester, Lance <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Jeff <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) insurance company executive		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Jennifer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) senior ins. underwriter		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldade, Brent <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) insurance underwriter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorrell, Billie <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) insurance broker		9 Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) insurance underwriter		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haushill, Matt <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) underwriter		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Jason <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Shaelyn <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) underwriter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hine, Amicia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) insurance broker		9 Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Braxton <hr/> Contributor address; City; State; Zip Code Dallas, TX 75226	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) associate broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konon, Austin <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) underwriter		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuberry, Warren <hr/> Contributor address; City; State; Zip Code Frisco, TX 75053	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) company underwriter		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Leslie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKay, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Navasota, TX 77868	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) senior director		9 Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, Doug <hr/> Contributor address; City; State; Zip Code Matthews, NC 28104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) claims adjuster		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robby <hr/> Contributor address; City; State; Zip Code Austin, TX 78747	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noser, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jean <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Association Executive		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pell, Matthew <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77080	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) insurance broker		9 Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger, Aimee <hr/> Contributor address; City; State; Zip Code Palm Beach, FL 33413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) business development		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) associate broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spowls, Garrett <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Penny <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Kristie <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) insurance broker		9 Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Hillary <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) insurance underwriter		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webre, Ty <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) insurance broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Morgan <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) casualty broker		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, Charley <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) underwriter		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 11/14

2 FILER NAME
Texas Surplus Lines Assn. PAC

3 Filer ID (Ethics Commission Filers)
00015955

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 12/14
2 FILER NAME Texas Surplus Lines Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015955
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (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 / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 13/14	2 FILER NAME Texas Surplus Lines Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015955
4 Date 03/08/2024	5 Payee name Abbott, Greg	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767	
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 campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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:	2 FILER NAME Texas Surplus Lines Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015955
4 Date 02/26/2024	5 Payee name Square, Inc.	
6 Amount (\$) 48.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 Market St. #600 San Francisco, TX 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) credit card fees
Date 03/07/2024	Payee name USPS	
Amount (\$) 182.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7700 Northcross Station Austin, TX 78757-9998	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Annual PO Box fee
Date 03/17/2024	Payee name ePayPolicy	
Amount (\$) 200.72 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5000 Plaza on the Lake Suite 150 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) credit card fees