MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC **COVER SHEET PG 1**

The MPAC Instruction	2 Total pages filed:13					
3 COMMITTEE NAME	3 COMMITTEE NAME					
RVOS Farm Mutu	OFFICE USE ONLY					
			ELECTRONICALLY FILED			
			04/01/2024			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #	CITY; STATE; ZIP	-			
ADDRESS	P.O. Box 6106					
Change of Addres	^{is} Temple, TX 76503-6106		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIRS	MI				
TREASURER NAME	Ms. Barba	ara Renee	Receipt # Amount			
			Date Processed			
	NICKNAME LAST	SUFFI				
	Renee Quin	1	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	SE); APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER STREET	2301 S. 37th St.					
ADDRESS (Residence or Business)						
()	Temple, TX 76504					
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE			
MAILING	2301 S. 37th St.					
ADDRESS						
Change of Addres	^s Temple, TX 76504					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBE	R EXTENSION				
PHONE						
9 REPORT TYPE						
	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY						
REPORT FILING	January 5 X	April 5 July 5	October 5			
DEADLINE	February 5	May 5 August 5	November 5			
		June 5 September 5	December 5			
11 PERIOD COVERED	Month Day Year	THROUGH	Day Year			
COVERED	02/26/2024	03/25/	2024			
GO TO PAGE 2						
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.5b35d027						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
RVOS Farm Mutual Insi	urance Group Political	Action Committee	00069829	9
14 COMMITTEE 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 PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	673.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,183.43
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Ms. Barbara	Renee Quir	าท
		Signature of Ca	mpaign Treas	urer
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, ti	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

FORM MPAC COVER SHEET PG 3 3 of 13

17 COMMITTEE NAME 18 Filer ID (E			(Ethics Commission Filers)
RVOS Fai	rm Mutual Insurance Group Political Action Committee	00069829	
19 SCHEDULE	SUBTOTAL AMOUNT		
NAME OF S	SCHEDULE		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 673.48
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	IR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$
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 CONTRIBUTIO	ONS	\$ 34.47
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$
			•

SUBTOTALS - MPAC

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/13	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	RVOS Farm	Mutual Insurance Group Political Action Committee	;	00069829
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	03/08/2024	BURNETT, GREGORY		\$5.0
		6 Contributor address; City; State; Zip Code		
Ļ	Drin sinel ago	TEMPLE, TX 76502		<u> </u>
	Principal occu IT MANAGE	upation / Job title (See Instructions)	9 Employer (See Instructions	s) . INSURANCE COMPANY
				1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/22/2024	BURNETT, GREGORY		\$5.0
		Contributor address; City; State; Zip Code		
		TEMPLE, TX 76502		
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>
	IT MANAGE			INSURANCE COMPANY
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
	03/08/2024	CARLSON, STACY	/	\$2.5
	00/00/202	Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		HOLLAND, TX 76534		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	UNDERWRI	TER	RVOS FARM MUTUAL	INSURANCE COMPANY
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/22/2024	CARLSON, STACY		\$2.5
		Contributor address; City; State; Zip Code		1
		LOLIAND TV 76524		
	Dringing occ	HOLLAND, TX 76534 upation / Job title (See Instructions)		-\
	UNDERWRI		Employer (See Instructions	S) INSURANCE COMPANY
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/08/2024	CARROLL, CLINT		\$10.0
		Contributor address; City; State; Zip Code		
		SALADO, TX 76571-7657		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	CLAIMS SUI			INSURANCE COMPANY
—				

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/13
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	RVOS Farm	Mutual Insurance Group Political Action Committee)	00069829
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
	03/22/2024	CARROLL, CLINT		\$10.00
	00,22,232	6 Contributor address; City; State; Zip Code		•
		b Contributor address, City, State, Zip Code		
		SALADO, TX 76571-7657		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
ľ	CLAIMS SU			») INSURANCE COMPANY
╘				1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/08/2024	GREEN, MARY		\$2.00
		Contributor address; City; State; Zip Code]
		TEMPLE, TX 76502		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
	UNDERWRI	ITING ADMIN ASST	RVOS FARM MUTUAL	INSURANCE COMPANY
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	03/22/2024	GREEN, MARY		\$2.00
				1
		TEMPLE, TX 76502		
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
		ITING ADMIN ASST		INSURANCE COMPANY
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Amount of Contribution (\$)
	03/08/2024	GREENMAN, CHERIME	/	\$5.00
	00/00/2024			+0.00
		Contributor address; City; State; Zip Code		
		EDDY, TX 76524		
\vdash	Dringing oog			
	-	Ipation / Job title (See Instructions)	Employer (See Instructions	
		NS MANAGER		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/22/2024	GREENMAN, CHERIME		\$5.00
		Contributor address; City; State; Zip Code		1
		EDDY, TX 76524		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	δ)
	OPERATION	NS MANAGER	RVOS FARM MUTUAL	INSURANCE COMPANY
⊢				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/9 Rpt: 6/13 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **RVOS Farm Mutual Insurance Group Political Action Committee** 00069829 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/08/2024 HUTKA, AMBER \$5.00 6 Contributor address; City; State; Zip Code **ROGERS. TX 76569** 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) STAFF CLAIMS ADJUSTER **RVOS FARM MUTUAL INSURANCE COMPANY** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/22/2024 HUTKA, AMBER \$5.00 Contributor address; City; State; Zip Code ROGERS, TX 76569 Principal occupation / Job title (See Instructions) Employer (See Instructions) STAFF CLAIMS ADJUSTER RVOS FARM MUTUAL INSURANCE COMPANY Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_) 03/22/2024 HYKEL, RICHARD (Mr.) \$10.00 Contributor address; City; State; Zip Code TROY, TX 76579-9026 Principal occupation / Job title (See Instructions) Employer (See Instructions) DIRECTOR **RVOS FARM MUTUAL INSURANCE CO** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/08/2024 \$100.00 HYKEL, RICHARD (Mr.) Contributor address; City; State; Zip Code TROY, TX 76579-9026 Principal occupation / Job title (See Instructions) Employer (See Instructions) DIRECTOR **RVOS FARM MUTUAL INSURANCE CO** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/08/2024 JACKSON, WESLEY \$9.62 Contributor address; City; State; Zip Code **TEMPLE, TX 76502** Principal occupation / Job title (See Instructions) Employer (See Instructions) VICE PRESIDENT **RVOS FARM MUTUAL INSURANCE COMPANY**

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/13	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
RVOS Farm	Mutual Insurance Group Political Action Committee	00069829	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
03/22/2024	JACKSON, WESLEY		\$9.62
	6 Contributor address; City; State; Zip Code		1
	TEMPLE, TX 76502		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
VICE PRESI	IDENT	RVOS FARM MUTUAL	INSURANCE COMPANY
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/08/2024	JIMENEZ, ESTEBAN		\$2.00
	Contributor address; City; State; Zip Code		1
	TEMPLE, TX 76502		
	ipation / Job title (See Instructions)	Employer (See Instructions	
CUSTOMER	R RELATIONS SPECIALIST	RVOS FARM MUTUAL	INSURANCE COMPANY
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/22/2024	JIMENEZ, ESTEBAN		\$2.00
	Contributor address; City; State; Zip Code		1
	TEMPLE, TX 76502		
	Ipation / Job title (See Instructions)	Employer (See Instructions	,
CUSTOMER	R RELATIONS SPECIALIST	RVOS FARM MUTUAL	INSURANCE COMPANY
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/08/2024	LANGFORD, KENNETH		\$4.00
	Contributor address; City; State; Zip Code		1
	CARTHAGE, TX 75633	<u> </u>	
	Ipation / Job title (See Instructions)	Employer (See Instructions	
FIELD CLAIR	MS ADJUSTER		INSURANCE COMPANY
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/22/2024	LANGFORD, KENNETH		\$4.00
	Contributor address; City; State; Zip Code		
	CADTUACE TV 75600		
Dringing Loopu	CARTHAGE, TX 75633		<u> </u>
-	Ipation / Job title (See Instructions)	Employer (See Instructions	
FIELD CLAII	MS ADJUSTER		INSURANCE COMPANY

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/13		
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
	RVOS Farm	Mutual Insurance Group Political Action Committee	00069829			
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)		
	03/08/2024	MALINOWSKI, DARRELL		\$10.0		
		6 Contributor address; City; State; Zip Code				
		CYPRESS, TX 77433				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	I		
	CLAIMS AD			NSURANCE COMPANY		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)		
	03/22/2024)	\$10.0 \$10.0		
	03/22/2024	MALINOWSKI, DARRELL		\$10.0		
		Contributor address; City; State; Zip Code				
	Duinainataan	CYPRESS, TX 77433	Frankriger (Os a la structiona			
	CLAIMS AD	pation / Job title (See Instructions)	Employer (See Instructions	INSURANCE COMPANY		
		JUSTER		1		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	03/08/2024	MCANAW, GREGORY		\$5.0		
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	-	pation / Job title (See Instructions)	Employer (See Instructions			
	CLAIMS MA	NAGER	RVOS FARM MUTUAL	INSURANCE COMPANY		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
	03/22/2024	MCANAW, GREGORY		\$5.0		
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	CLAIMS MA	NAGER	RVOS FARM MUTUAL	INSURANCE COMPANY		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	03/08/2024	QUINN, BARBARA		\$10.0		
		Contributor address; City; State; Zip Code				
		TEMPLE, TX 76502				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I 5)		
	CONTROLL	· · · ·		" INSURANCE COMPANY		
⊢	JUINOLL					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/13		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Mutual Insurance Group Political Action Committee	00069829			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
03/22/2024	QUINN, BARBARA	/	\$10.00		
00,22,202	-				
	6 Contributor address; City; State; Zip Code				
	TEMPLE, TX 76502				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
CONTROLL			INSURANCE COMPANY		
			-		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
03/08/2024	SANDEFUR, AMBER		\$2.00		
	Contributor address; City; State; Zip Code				
	TEMPLE, TX 76502				
·	Ipation / Job title (See Instructions)	Employer (See Instructions	,		
UNDERWR			INSURANCE COMPANY		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
03/22/2024	SANDEFUR, AMBER		\$2.0		
	Contributor address; City; State; Zip Code				
	TEMPLE, TX 76502				
-	pation / Job title (See Instructions)	Employer (See Instructions			
UNDERWR	TER-AUTO	RVOS FARM MUTUAL	INSURANCE COMPANY		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
03/08/2024	SHOCKLEY, WILEY		\$20.00		
	Contributor address; City; State; Zip Code				
	BELTON, TX 76513				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
PRESIDEN	Г	RVOS FARM MUTUAL	INSURANCE COMPANY		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
03/22/2024	SHOCKLEY, WILEY		\$20.00		
	Contributor address; City; State; Zip Code				
	BELTON, TX 76513				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	Is)		
			INSURANCE COMPANY		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/9 Rpt: 10/13 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **RVOS Farm Mutual Insurance Group Political Action Committee** 00069829 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/08/2024 SMITH, JAMES \$9.62 6 Contributor address; City; State; Zip Code TEMPLE, TX 76504 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **RVOS FARM MUTUAL INSURANCE COMPANY** SECRETARY Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/22/2024 SMITH, JAMES \$9.62 Contributor address; City; State; Zip Code TEMPLE, TX 76504 Principal occupation / Job title (See Instructions) Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY SECRETARY Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 03/08/2024 STEELMAN, RHONDA \$100.00 Contributor address; City; State; Zip Code FRISCO, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) **INSURANCE AGENT** SELF EMPLOYED Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/08/2024 SULAK, IRENE \$10.00 Contributor address; City; State; Zip Code TEMPLE, TX 76501 Principal occupation / Job title (See Instructions) Employer (See Instructions) VICE PRESIDENT OPERATIONS **RVOS FARM MUTUAL INSURANCE COMPANY** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/22/2024 \$10.00 SULAK, IRENE Contributor address; City; State; Zip Code TEMPLE, TX 76501 Principal occupation / Job title (See Instructions) Employer (See Instructions) VICE PRESIDENT OPERATIONS **RVOS FARM MUTUAL INSURANCE COMPANY**

The Instruction Guide explains how to complete this form.				ages Schedule A1: /9 Rpt: 11/13			
2	FILER NAME	ER NAME			(Ethics Commission	n Filers)	
	RVOS Farm	Mutual Insurance Group Political Action Committee	!	000698	829		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount	t of Contribution (\$)		
	03/08/2024	Stavinoha, Thomas (Mr.)				\$100.00	
		6 Contributor address; City; State; Zip Code					
		Needville, TX 77461					
8		pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Insurance A	jent	Self Employed				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount	t of Contribution (\$)		
	03/08/2024	TIRCUIT, SHEILA				\$3.00	
		Contributor address; City; State; Zip Code					
	<u></u>	ROGERS, TX 76569					
	•	pation / Job title (See Instructions)	Employer (See Instructions				
		ATIVE ASSTMGA	RVOS FARM MUTUAL				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount	t of Contribution (\$)		
	03/22/2024	TIRCUIT, SHEILA			\$3		
		Contributor address; City; State; Zip Code					
		ROGERS, TX 76569					
\vdash	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۸</u>			
	•	ATIVE ASSTMGA	RVOS FARM MUTUAL		CE COMPANY		
╞							
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#: Thoma, Ryan)	Amoun	t of Contribution (\$)	\$10.00	
	03/00/2024	-				ΦΤΟ'ΟΟ	
		Contributor address; City; State; Zip Code					
		San Angelo, TX 76904					
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Director		RVOS	, ,			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Amount	t of Contribution (\$)		
	03/08/2024	Thoma, Ryan	/	/		\$100.00	
		Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			• -	
	Contributor address, City, State, Zip Code						
		San Angelo, TX 76904					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Director		RVOS				
\vdash							

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/13		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
RVOS Farn	n Mutual Insurance Group Political Action Committee	00069829			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	7 Amount of Contribution (\$)			
03/08/2024	WON, BEN (Mr.)		\$10.00		
	6 Contributor address; City; State; Zip Code				
	BELTON, TX 76513				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
QA/SUPPC	RT MANAGER	RVOS FARM MUTUAL	INSURANCE COMPANY		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
03/22/2024	— —		\$10.00		
	BELTON, TX 76513				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	1s)		
	PRT MANAGER		// INSURANCE COMPANY		
Date		<u> </u>	Amount of Contribution (\$)		
03/08/2024)	Amount of Contribution (\$) \$2.00		
03/06/2024			\$2.00		
	Contributor address; City; State; Zip Code				
	TEMPLE, TX 76502				
Bringinal occ	upation / Job title (See Instructions)	Employer (See Instructions			
-	VER UNDERWRITER		») INSURANCE COMPANY		
			•		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
03/22/2024			\$2.00		
	Contributor address; City; State; Zip Code				
	TEMPLE, TX 76502				
-	upation / Job title (See Instructions)	Employer (See Instructions			
HOMEOWN		RVOS FARM MUTUAL	INSURANCE COMPANY		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. Total pages Schedule I: 2 FILER NAME Filer ID (Ethics Commission Filers) 1 3 **RVOS Farm Mutual Insurance Group Political Action** 00069829 Sch: 1/1 Rpt: 4 Date 5 Payee name 03/11/2024 Wells Fargo Bank N.A. Amount (\$) Payee Address; City; State; Zip 6 7 420 Montgomery Street 34.47 Expenditure from San Francisco, CA 94104 corporate funds (a) Category (See instructions for examples of acceptable categories) 8 PURPOSE (b) Description (See instructions regarding type of information required.) OF EXPENDITURE Accounting/Banking **Client Analysis Fee**

SCHEDULE |