

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

**FORM MPAC  
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.	<b>1</b> Filer ID (Ethics Commission Filers) 00087515	<b>2</b> Total pages filed: 7														
<b>3</b> COMMITTEE NAME Texas Insurance Professionals Political Action Committee		<p align="center"><b>OFFICE USE ONLY</b></p> Date Received ELECTRONICALLY FILED 04/04/2024  Date Hand-delivered or Date Postmarked  <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount												
Receipt #	Amount															
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 11102 Bammel N. Houston Rd.  Houston, TX 77066															
<b>5</b> CAMPAIGN TREASURER NAME	<table border="0"> <tr> <td>MS / MRS / MR</td> <td>FIRST</td> <td>MI</td> </tr> <tr> <td>Mr.</td> <td>Kriston R.</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Kris</td> <td>Crow</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Kriston R.					NICKNAME	LAST	SUFFIX	Kris	Crow	
MS / MRS / MR	FIRST	MI														
Mr.	Kriston R.															
NICKNAME	LAST	SUFFIX														
Kris	Crow															
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3908 Tanglewood Ln.  Odessa, TX 79762															
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3908 Tanglewood Ln.  Odessa, TX 79762															
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (432) 559-2343															
<b>9</b> REPORT TYPE	<input checked="checked" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)															
<b>10</b> MONTHLY REPORT FILING DEADLINE	<table border="0"> <tr> <td><input type="checkbox"/> January 5</td> <td><input checked="checked" type="checkbox"/> April 5</td> <td><input type="checkbox"/> July 5</td> <td><input type="checkbox"/> October 5</td> </tr> <tr> <td><input type="checkbox"/> February 5</td> <td><input type="checkbox"/> May 5</td> <td><input type="checkbox"/> August 5</td> <td><input type="checkbox"/> November 5</td> </tr> <tr> <td><input type="checkbox"/> March 5</td> <td><input type="checkbox"/> June 5</td> <td><input type="checkbox"/> September 5</td> <td><input type="checkbox"/> December 5</td> </tr> </table>	<input type="checkbox"/> January 5	<input checked="checked" 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 type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5			
<input type="checkbox"/> January 5	<input checked="checked" type="checkbox"/> April 5	<input type="checkbox"/> July 5	<input type="checkbox"/> October 5													
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<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5													
<b>11</b> PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year 02/26/2024      03/25/2024															

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Insurance Professionals Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00087515
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 365.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 21.32
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 21,506.32
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 651,068.29
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Mr. Kriston R. Crow  
\_\_\_\_\_  
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

<b>17 COMMITTEE NAME</b> Texas Insurance Professionals Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00087515
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 365.00
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	\$ 21.32
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 21,485.00
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Texas Insurance Professionals Political Action Committee		3 Filer ID (Ethics Commission Filers) 00087515
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burdick, Jeffrey	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code  FORT WORTH, TX 76177-7054	
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77066	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Borris	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  PANTEGO, TX 76013-3136	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, McCrea	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75070-7507	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, McCrea	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75070-7507	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
<b>2</b> FILER NAME Texas Insurance Professionals Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00087515
<b>4</b> Date 03/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mims, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  WINNIE, TX 77665	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raeke, Rebecca <hr/> Contributor address; City; State; Zip Code  COLLEYVILLE, TX 76034-4116	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swierc, Roxanne <hr/> Contributor address; City; State; Zip Code  WEST, TX 76691-1557	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Gisela <hr/> Contributor address; City; State; Zip Code  HENRIETTA, TX 76365-2827	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)

# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(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  
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.

<b>1</b> Total pages Schedule F2: Sch: 1/2 Rpt: 6/7	<b>2</b> FILER NAME Texas Insurance Professionals Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00087515
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$</b>
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<b>5</b> Date 03/25/2024	<b>6</b> Payee name Atchley & Associates LLP
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<b>7</b> Amount (\$) \$735.00  <input type="checkbox"/> Expenditure from corporate funds	<b>8</b> Payee address; City; State; Zip Code 1005 La Posada Dr  Austin, TX 78752
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reporting services
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/26/2024	Payee name Cates Legal Group PLLC
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Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5910 Clementine Ln  Austin, TX 78744
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC legal services
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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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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 2/2 Rpt: 7/7	<b>2</b> FILER NAME Texas Insurance Professionals Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00087515
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 03/21/2024	<b>6</b> Payee name Galitski, Frank V.
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<b>7</b> Amount (\$) \$20,000.00	<b>8</b> Payee address; City; State; Zip Code 11700 Red Oak Valley Ln  Austin, TX 78732
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Expenditure from corporate funds

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC government affairs consulting
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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