MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide ex	xplains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00069829	2 Total pages filed: 4				
3 COMMITTEE NAME	OFFICE USE ONLY						
RVOS Farm Mutual Insura	Date Received						
	ELECTRONICALLY FILED						
			07/02/2024				
4 COMMITTEE ADDRE	ESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	1				
	ox 6106						
Change of Address Temple	Date Hand-delivered or Date Postmarked						
	RS / MR FIRST	MI					
TREASURER NAME Ms.	Barbara	Renee	Receipt # Amount				
			Data Draassad				
NICKN	AME LAST	SUFFIX	Date Processed				
Renee	Quinn		Date Imaged				
	T ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST/	ATE; ZIP CODE				
TREASURER STREET 2301 S	5. 37th St.						
ADDRESS (Residence or Business)							
Temple	e, TX 76504						
	T ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST.	ATE; ZIP CODE				
TREASURER MAILING 2301 S	5. 37th St.						
ADDRESS							
Change of Address Temple	e, TX 76504						
8 CAMPAIGN AREA	CODE PHONE NUMBER	EXTENSION					
TREASURER PHONE (254) 7	773-2181 x225						
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)				
		L treasurer termination					
10 MONTHLY REPORT FILING	January 5 April	5 X July 5	October 5				
DEADLINE	February 5 May	5 August 5	November 5				
	March 5 June	e 5 September 5	December 5				
11 PERIOD Month	Day Year	Month	Day Year				
COVERED 05/26/2	2024	THROUGH 06/25/2	2024				
I							
GO TO PAGE 2							
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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
			00069829	,	
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)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	5,251.56	
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 a mation required	ccompanying report is I to be reported by me	
		Ms. Barbara	Renee Quinr	1	
	Signature of Campaign Treasurer				
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, ti	his 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 offic	er administering oath	
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FORM	MPAC
COVER SHE	ET PG 3 3 of 4

17 COMMITTEE NAME18 Filer IDRVOS Farm Mutual Insurance Group Political Action Committee00069829			(Ethics Commission Filers)	
		00009829		
19 SCHEDULE NAME OF SC	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	\$			
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
	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 CONTRIBUTIONS			\$	
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$ 12.72	
16 1	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

SUBTOTALS - MPAC

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 1 Total pages Schedule I: 3 **RVOS Farm Mutual Insurance Group Political Action** 00069829 Sch: 1/1 Rpt: 4/4 4 Date 5 Payee name 06/11/2024 Wells Fargo Bank N.A. Amount (\$) Payee Address; City; State; Zip 6 7 420 Montgomery Street 12.72 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 I