MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction	2 Total pages filed: 23		
3	COMMITTEE NAME		•	OFFICE USE ONLY
	National Association	on of Insurance and Financial Advisors - Te	exas PAC	Date Received
				ELECTRONICALLY FILED
				07/08/2024
4		ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
	ADDRESS	3755 Attucks Drive		
		Powell, OH 43065		Date Hand-delivered or Date Postmarked
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Dessist # Amount
	NAME	Mr. Daniel		Receipt # Amount
				Date Processed
		NICKNAME LAST	SUFFI	×
		O'Connel	I	Date Imaged
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); 3755 Attucks Drive	APT / SUITE #; CITY; ST	ATE; ZIP CODE
	STREET ADDRESS			
	(Residence or Business)	Powell, OH 43065		
Ļ	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE
7	TREASURER	1250 S. Capitol of TX Hwy.	APT/SUITE#, CITT, S	TATE, ZIP CODE
	MAILING ADDRESS	Bldg. 3 Ste. 400		
		Austin, TX 78746		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER			
	PHONE	(512) 716-8800		
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	5 September 5	December 5
11	L PERIOD	Month Day Year	Month	Day Year
	COVERED	05/26/2024	THROUGH 06/25/	2024
		GO 1	O PAGE 2	
L Fo	rms provided by Tex	as Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.d378aba0

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	Insurance and Einanci	al Advisors - Texas PAC	13 Filer ID 00015644	(Ethics Commission Filers)		
			00010044			
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				
	0. Official states					
	 Officeholders Assisted 					
	(Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) gualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA					
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,894.80		
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 \$	119,909.44		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	1					
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the a mation required	accompanying report is I to be reported by me		
			l O'Connell			
		Signature of Ca	mpaign Freasu	rer		
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 adr	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0		

FORM MPAC COVER SHEET PG 3 3 of 23

17 COMMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)
National A	Association of Insurance and Financial Advisors - Texas PAC	00015644	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,574.60
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	PR	\$ 320.20
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	\$ 2,000.00
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$
			•

SUBTOTALS - MPAC

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/23
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	ociation of Insurance and Financial Advisors - Texa	IS PAC	00015644
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/10/2024	Aaron, Cappilla	/	\$8.00
	6 Contributor address; City; State; Zip Code		
	Amarillo, TX 79121-1044		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Agent/Owne		Aaron Cappilla farmers	,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/10/2024	Alan, Holland)	\$3.40
00/10/2024			φ3.40
	Contributor address; City; State; Zip Code		
	Houston, TX 77055-4412		
Dringinglassy			
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Managing D		Principal	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/10/2024	Alyson, Guest		\$40.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77042-5118	1	
	pation / Job title (See Instructions)	Employer (See Instructions	
Agent Advis	or	MetLife Premier Client C	Group
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/10/2024	Andrea, Ames		\$20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704-2947		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Director - Lif	e Insurance	EMG Insurance Brokera	age
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/10/2024	Bailey, Baker		\$10.00
	Contributor address; City; State; Zip Code		•
	San Antonio, TX 78209-4115		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Agent Advis		State Farm Insurance C	
		1	

Tł	he Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/23
2 FII	LER NAME			3 Filer ID (Ethics Commission Filers)
		ociation of Insurance and Financial Advisors - Texa	as PAC	00015644
4 Da	ate	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	6/10/2024	Barry, Malone	·	\$16.80
		6 Contributor address; City; State; Zip Code		4
		Lubbock, TX 79424-1225		
8 Pri	incipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Fir	nancial Pro	ofessional	Level Four Group	
Da	ate	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	6/10/2024	Brandon, Green	/	\$5.00
		Contributor address; City; State; Zip Code		
		Continution address, City, State, Zip Code		
		Katy, TX 77450-1004		
Pri	incinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>
	anaging Pa		Third Rail Financial, LLC	
				-
Da			ť:)	Amount of Contribution (\$)
00	6/10/2024			\$10.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76114-4336		
Pri	incinal occu	pation / Job title (See Instructions)	Employer (See Instructions	~
	DVISOR		Professional Insurance	
				-
Da		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
00	6/10/2024	Carol, Metteauer		\$10.00
		Contributor address; City; State; Zip Code		
		Delecting TV 75902 6950		
		Palestine, TX 75803-6850	Employer (Cool Instruction)	->
		pation / Job title (See Instructions)	Employer (See Instructions	s)
Ay	gent Adviso		Carol Metteauer	·
Da		Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
06	6/10/2024	Caroline, Welch		\$20.00
		Contributor address; City; State; Zip Code		
		Lakeway, TX 78738-1007	_ .	
		pation / Job title (See Instructions)	Employer (See Instructions	
Ag	gent Adviso)r	State Farm Insurance C	Companies

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/23
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Asso	ociation of Insurance and Financial Advisors - Texa	as PAC	00015644
	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)
06/10/2024	Chane, Reagan		\$10.0
	6 Contributor address; City; State; Zip Code		
	Continuation address, City, State, Lip Code		
	Montgomery, TX 77316-6882		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Agent Adviso)r	Ohio National	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/10/2024	Charles, Matejowsky		\$33.6
	Contributor address; City; State; Zip Code		·
	Brenham, TX 77833-4605		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Agent Adviso)r	Van Dyke, Rankin Fin. S	Services
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/10/2024	Cheri, Stanwix		\$16.8
	Contributor address; City; State; Zip Code		·
	Celina, TX 75009-4630		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
Agent Adviso)r	Stanwix Insurance & Be	enefits
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/10/2024	Crissman, Crombie		\$20.0
	Contributor address; City; State; Zip Code		1
	Benbrook, TX 76126-4525		
	pation / Job title (See Instructions)	Employer (See Instructions	
Agent Adviso)r	Crombie Financial Grou	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/10/2024	Cynthia, Price		\$10.0
ĺ	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79106-5730		
	pation / Job title (See Instructions)	Employer (See Instructions	
Agent Adviso)r	New York Life Insurance	e CO & NYLIFE Securities

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 7/23	
2	FILER NAME		+	3	Filer ID (Ethics Commission	ı Filers)
	National Ass	sociation of Insurance and Financial Advisors - Texa			00015644	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
•	06/10/2024	Danny, O'Connell		Ι.	Amount of Contraction (1)	\$84.00
	00/10/202	-		•		ΨΟ
		6 Contributor address; City; State; Zip Code	1			
			,			
		Dallas, TX 75225-2114	1			
8	Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>د)</u>		
ľ	Agent/Owne		Next Level Insurance Ag		icv. LLC	
╞	_			<u> </u>		
	Date)		Amount of Contribution (\$)	¢4.00
	06/10/2024	David, Bronstad				\$4.00
		Contributor address; City; State; Zip Code	!			
			,			
			!			
		Bryan, TX 77802-4301	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Financiai Re	epresentative	Thrivent Financial			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/10/2024	David, Farabee	!			\$6.80
	l	Contributor address; City; State; Zip Code		1		
			!			
			!			
_		Wichita Falls, TX 76301-6824		_		
Γ	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Financial Ad	visor	Arthur J. Gallagher & Co	0		
F	Date	Full name of contributor out-of-state PAC (ID#:_	·	Γ	Amount of Contribution (\$)	
	06/10/2024	David, Webb				\$34.00
	<u> </u>	Contributor address; City; State; Zip Code		•		* -
			!			
			!			
		Nacogdoches, TX 75964-1388	1			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ 3)		
	Branch Mana		Pioneer Financial Group			
╞			-	T	Amount of Contribution (\$)	
	Date 06/10/2024	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$26.00
	00/10/2024					Φ 20.00
		Contributor address; City; State; Zip Code	!			
			!			
		Karnaak TV 75661 0222	!			
\vdash	D 1 (and any)	Karnack, TX 75661-0323		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
L	AGENT		Texas Farm Bureau Insu	ura	Ince	

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 5/16 Rpt: 8/23	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Insurance and Financial Advisors - Texa			00015644	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/10/2024	Dee, Carter			• •	\$10.00
		6 Contributor address; City; State; Zip Code				
		Midland, TX 79701-5515				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	President		Carter Financial Group			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Don, Boozer			• •	\$6.80
		Contributor address; City; State; Zip Code				
		Denton, TX 76205-8008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	President		Don Boozer & Assoc.			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/10/2024	Don, Hutto			• •	\$4.00
		Burleson, TX 76028-3264				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Agent Adviso	or	Hutto Insurance Services	S		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Donald, Friedeck				\$4.80
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240-3304				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
	President		Friedeck & Associates Ir	nc.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Donnie, Britt				\$40.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240-3332				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Agent		State Farm Insurance Co	om	ıpanies	

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/23	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	National Ass	sociation of Insurance and Financial Advisors - Texa	as PAC	00015644
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	06/10/2024	Douglas, Massey		\$70.00
	00,10,2.2	6 Contributor address; City; State; Zip Code		· · · · · ·
	I	Contributor address, City, State, Zip Coue	l	
	I		l	
	I	San Angelo, TX 76906-0707	l	
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	1s)
	Agent/Owne		Doug Massey Financial	
⊢	Date)	Amount of Contribution (\$)
	06/10/2024	Dudley, Vickers	/	\$4.00
	001101202	-		
	l	Contributor address; City; State; Zip Code	I	
	I		l	
		Bryan, TX 77808-8402	l	
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Financial_Ac		Mutual of Omaha Comp	,
╞	 Date		·	Amount of Contribution (\$)
	06/10/2024	Edward, Marvin	/	\$4.00
	001012027			
	I	Contributor address; City; State; Zip Code	I	
	l		I	
	I	San Antonio, TX 78232-1031	I	
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Agent Adviso		Ed Marvin Insurance Br	,
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	06/10/2024	Enrique, Cisneros	/	\$10.00
	0011012024			
	l	Contributor address; City; State; Zip Code	I	
	l		I	
	I	Socorro, TX 79927-3398		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	AGENT		Enrique Cisneros Insura	
╞	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	Dale 06/10/2024	Full name of contributor out-of-state PAC (ID#: Eugene, Forsythe)	Amount of Contribution (\$) \$4.00
	00/10/2027			,
	I	Contributor address; City; State; Zip Code		
	I		l	
	I	Houston, TX 77057-4732		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
	Agent Adviso		Northwestern Mutual	5)
\vdash	//gone			

	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 10/23	
2	FILER NAME	_		3	Filer ID (Ethics Commission	n Filers)
	National Ass	ociation of Insurance and Financial Advisors -	Texas PAC		00015644	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:) 7	Amount of Contribution (\$)	
	06/10/2024	Filemon, Esquivel	· · · · · · · · · · · · · · · · · · ·			\$3.40
		Kingsville, TX 78363-5774				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See In	structions)		
	AGENT		New York Life			
⊨	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
	06/10/2024	Gary, Kneip				\$6.80
		Contributor address; City; State; Zip Code				
		Victoria, TX 77905-3178				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Owner/Presi	dent	Crossroads Ins	urance Pro	ofessionals Inc.	
╞	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
	06/10/2024	Gary, Schmiedekamp				\$10.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502-3673				
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	MR		Southern Farm	Bureau Lif	fe Insurance	
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
	06/10/2024	Gloria, Guzman				\$6.80
		Contributor address; City; State; Zip Code				
		El Paso, TX 79936-6231				
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Agent Adviso)r	Guardian			
Γ	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
	06/10/2024	Grover, Brillhart				\$34.00
		Contributor address; City; State; Zip Code				
		Wylie, TX 75098-4036				
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Agent Adviso)r	Penn Mutual W	ealth Strat	egies	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/23
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ociation of Insurance and Financial Advisors - Texa	IS PAC	00015644
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/10/2024	Hollie, Gandy Donohue		\$100.0
	6 Contributor address; City; State; Zip Code		
	Amarillo, TX 79106-4633		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
OwnerSenior	r Producer	Safe Money Solutions	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/10/2024	Jack, Knight		\$18.0
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79109-5908		
	pation / Job title (See Instructions)	Employer (See Instructions	
Agency Own		Jack Knight Insurance A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/10/2024	James, Burghard		\$4.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78217-4011		
Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Agent Advisc	· · · ·	James O. Burghard Fina	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/10/2024	James, Thompson	/	\$33.6
00/10/2024	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Amarillo, TX 79106		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Wealth Advis	sor	Thompson Financial Co	insulting Inc.
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/10/2024	Jason, Mickey		\$6.8
	Contributor address; City; State; Zip Code		
	Spring, TX 77388-5012		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Financial Adv	visor, Managing Associate	Wealth Design Group	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 12/23	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Insurance and Financial Advisors - Texa	s PAC		00015644	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/10/2024	Jay, Schroeder	/			\$4.80
	00/10/2021	6 Contributor address; City; State; Zip Code				¢ 1.00
		Brenham, TX 77833-5067				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
ľ	AGENT		Southern Farm Bureau		Insurance	
╞						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 10.00
	06/10/2024	Jim, Hutson				\$12.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109-5039	i			
		pation / Job title (See Instructions)	Employer (See Instructions		_	
	Owner		The Jim Hutson Agency	/, LL	.C	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Joey, Ussery				\$40.00
		Contributor address; City; State; Zip Code				
		Bellville, TX 77418-3822				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Regional V.F	D.	John Hancock Life Insu	rand	ce	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	John, Brieden				\$6.80
		Contributor address; City; State; Zip Code				
		Brenham, TX 77833-4916				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Agent Adviso	Dr	State Farm Insurance C		panies	
╞	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/10/2024	John, Denton)			\$3.40
	00/10/2024					ψ0.40
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109-3534				
⊢	Principal occu		Employer (Soo Instruction	<u> </u>		
I		pation / Job title (See Instructions)	Employer (See Instructions Northwestern Mutual	5)		
⊢	Field_Repre	วะาเณเขะ				
I						
1						

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 10/16 Rpt: 13/23	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ociation of Insurance and Financial Advisors - Texa	as PAC		00015644	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/10/2024	John, Rivard				\$4.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75214-2614				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Agent Adviso	Dr	Borden Hamman Agenc	су		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	06/10/2024	John, Still				\$6.80
		Contributor address; City; State; Zip Code		ł		
		Nacogdoches, TX 75965-3586				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Agent/Owne		Still Financial Group	,		
⊨	Date)	Г	Amount of Contribution (\$)	
	06/10/2024	John, Wheeler Jr.)		Amount of Contribution (\$)	\$168.00
	00/10/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Montgomery, TX 77356-1798				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Executive Se		Totus Wealth Managem		t LLC	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	06/10/2024	Jon, Sharp)			\$3.40
	00/10/2024					φ0. 4 0
		Contributor address; City; State; Zip Code				
		Victoria, TX 77904-3392				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	District Mana		National Life	,		
⊢				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#00.00
	06/10/2024	Joseph, Kerr				\$20.00
		Contributor address; City; State; Zip Code				
		Hutto TV 79624 2142				
⊢	Drineinel	Hutto, TX 78634-2143		$\frac{1}{1}$		
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Agent Adviso	ונ	Kerr Financial Services			

←						
	The Instru	iction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 11/16 Rpt: 14/23	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	National Ass	sociation of Insurance and Financial Advisors - Texa	is PAC		00015644	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/10/2024					\$20.00
		6 Contributor address; City; State; Zip Code		ł		-
			!			
			!			
		Dallas, TX 75214-3188	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Executive Vi	rice President	NAIFA - Dallas			
_	Date	Full name of contributor Out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	06/10/2024	Ken, Quach				\$10.00
		Contributor address; City; State; Zip Code		•		Ŧ
			!			
			!			
		Fulshear, TX 77441-2505	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Agent/Broke		Ken Quach Insurance A	ge	ncy	
—	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/10/2024	Kirk, Haworth				\$10.00
				ł		*
			!			
			!			
l		Amarillo, TX 79159-0265	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Agent Adviso		The Haworth Company			
-	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/10/2024	Lane, Boozer	I			\$34.00
l	00.22	Contributor address; City; State; Zip Code		ł		*-
l			!			
l			!			
l		Denton, TX 76205-8008	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		ent - Marketing	Don Boozer & Assoc.			
F	Date	Full name of contributor Out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
l	06/10/2024	Lannie, Jackson	I			\$10.00
l		Contributor address; City; State; Zip Code		ł		
			!			
l			!			
		Coppell, TX 75019-4007	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	OWNER		Jackson Benefits Group			
-			<u>I</u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/16 Rpt: 15/23	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		sociation of Insurance and Financial Advisors - Texa	IS PAC		00015644	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
-	06/10/2024	Lesley, Pinckard		ľ	, and an e e e e e e e e e e e e e e e e e e	\$22.80
	00,10,202	6 Contributor address; City; State; Zip Code				4
		Continuation address, City, State, Zip Code				
		Fort Worth, TX 76135-4424				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	⊥ s)		
	Financial Ad		LP Insurance and Finan		al Services	
╞	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	06/10/2024	Linda, Goss	/			\$10.00
	00/10/2024					Ψ10.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641-3802				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	Agent Adviso		Linda Goss	,		
╞	Date				Amount of Contribution (\$)	
	Dale 06/10/2024	Full name of contributor out-of-state PAC (ID#: Manuel, Gonzalez)		Amount of Contribution (\$)	\$8.00
	00/10/2024					Φ0.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79935-3507				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	Agent Adviso		New York Life	5)		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$ 04.00
	06/10/2024	Mark, Warren				\$84.00
		Contributor address; City; State; Zip Code				
		Plainview, TX 79072-9568				
\vdash	Dringing oog					
	Agent Adviso	upation / Job title (See Instructions)	Employer (See Instructions Higginbotham Agencies			
L	-			, —		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Marvin, Spreen				\$20.80
		Contributor address; City; State; Zip Code				
L		Brenham, TX 77833-7708	1	L		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Financial As	sociate	Thrivent Financial			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/16 Rpt: 16/23	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ociation of Insurance and Financial Advisors - Texa	s PAC		00015644	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/10/2024	Michael, Evans				\$18.00
		6 Contributor address; City; State; Zip Code		1		
		Coppell, TX 75019-3404				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Brokerage S	ales Manager	The DI Center			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Patrick, Wilder				\$3.40
		Contributor address; City; State; Zip Code				
		Plano, TX 75024-6324				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent Advise	or	The Shamrock Group			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Rolando, Barrera				\$20.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78413-2634				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Agency_Ow	ner	Roland Barrera Insuran	се		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Ronald, Botello				\$16.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78248-2102				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Investment A	Advisor Representative	Platinum Wealth Solutio	ns	of Texas	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2024	Ronny, Bryant				\$6.80
		Contributor address; City; State; Zip Code		1		
L		Abilene, TX 79602-6105				
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	President		Perry Hunter Hall			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 14/16 Rpt: 17/23 2 FILER NAME Filer ID (Ethics Commission Filers) 3 National Association of Insurance and Financial Advisors - Texas PAC 00015644 4 Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/10/2024 Ruth, Shannon \$34.00 6 Contributor address; City; State; Zip Code Highland Village, TX 75077-1859 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Agent RUTH SHANNON STATE FARM Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/10/2024 Scott, Ward \$3.40 Contributor address; City; State; Zip Code Longview, TX 75605-7347 Principal occupation / Job title (See Instructions) Employer (See Instructions) Agent Advisor The Ward Agency Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/10/2024 Stephen, Ehlers \$8.00 Contributor address; City; State; Zip Code Brookshire, TX 77423-1507 Principal occupation / Job title (See Instructions) Employer (See Instructions) Agent/Broker 3 Mark Financial Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/10/2024 \$40.00 Stephen, Heinen Contributor address; City; State; Zip Code Fort Worth, TX 76126-1931 Principal occupation / Job title (See Instructions) Employer (See Instructions) Brokerage Director **Champions Insurance Services** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/10/2024 \$34.00 T., Littleton Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964 Principal occupation / Job title (See Instructions) Employer (See Instructions) Agent NAIFA-Pineywoods of East Texas

The Instruction Guide explains how to complete this form. 1 Total pages State Calculation of Insurance and Financial Advisors - Texas PAC 3 File TPL (Efficie Commission Filers) 00015644 Date 5 Full name of contributor 0 or of assessment (Direct Calculation (Direct Calculation)) Contribution (Direct Calculation (Direct Calculation (Direct Calculation (Direct Calculation (Direct Calculation)) Amount of Contribution (Direct Calculation)) Date Full name of contributor Out-of-state PAC (Direct Calculation)) Employer (See Instructions) Amount of Contribution (Direct Calculation)) Date Full name of contributor Out-of-state							
National Association of Insurance and Financial Advisors - Texas PAC 00015644 4 Date 5 Full name of contributor out-of-state PAC (DJF) 7 Amount of Contribution (S) 6 Contribution address; City: State; Zip Code FI Worth, TX 76132-1518 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Od		The Instru	ction Guide explains how to complete this f	orm.	1		
National Association of Insurance and Financial Advisors - Texas PAC 00015644 4 Date 5 Full name of contributor out-of-state PAC (DJF) 7 Amount of Contribution (S) 6 Contribution address; City: State; Zip Code FI Worth, TX 76132-1518 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Odd/10/2024 Full name of contributor out-of-state PAC (DJF) Amount of Contribution (S) Od	2	FILER NAME			3	Filer ID (Ethics Commissior	n Filers)
06/10/2024 Thomas, Mahony \$6.80 6 Contributor address; City; State; Zip Code Ft Worth, TX 76132-1518 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0xit Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 06/10/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) <td></td> <td></td> <td></td> <td>IS PAC</td> <td></td> <td></td> <td> /</td>				IS PAC			/
6 Contributor address; City; State; Zip Code F1 Worth, TX 76132-1518 9 8 Principal occupation / Job title (See Instructions) 0 Owner Timothy, Roels Timothy, Roels 06/10/2024 Full name of contributor out-of-state PAC (DP; Fort Worth, TX 76116-5604 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Marketing Group Amount of Contribution (\$) Agent Advisor Full name of contributor out-of-state PAC (to::	4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code FI Worth, TX 76132-1518 9 B Principal occupation / Job tille (See Instructions) 9 Date Full name of contributor out of state PAC (De 06/10/2024 Full name of contributor out of state PAC (De Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) State Fort Worth, TX 76116-5604 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Marketing Group Amount of Contribution (\$) \$8.00 O6/10/2024 Full name of contributor out-of-state PAC (De Amount of Contribution (\$) \$8.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$8.00 O6/10/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) \$8.00 O6/10/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) \$8.00 O6/10/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) \$8.00 O6/10/2024 Full name of con		06/10/2024					\$6.80
Ft Worth, TX 76132-1518 Principal occupation / Job title (See Instructions) Owner P Employer (See Instructions) TMA Financial Date 06/10/2024 Full name of contributor out-of-state PAC (De:) Contributor address; City; State: Zip Code Amount of Contribution (S) S10.00 Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Marketing Group Amount of Contribution (S) S8.00 Date 06/10/2024 Full name of contributor out-of-state PAC (De:) Tracy, Miller Amount of Contribution (S) Contribution address; City; State: Zip Code Date 06/10/2024 Full name of contributor out-of-state PAC (De:) Houston, TX 77056-6239 Amount of Contribution (S) S8.00 Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) TMiller Financial Date 06/10/2024 Full name of contributor or out-of-state PAC (De:) Contributor address; City; State: Zip Code Amount of Contributon (S) S8.00 Obj10/2024 Full name of contributor or out-of-state PAC (De:) San Augustine, TX 75972-1324 Amount of Contribution (S) S40.00 Principal occupation / Job title (See Instructions) Owner Employer (See Instructions) Henly Insurance Amount of Contribution (S) S40.00 Oate 06/10/2024 Full name of contributor or out-of-state PAC (De:							
8 Principal occupation / Job title (See Instructions) Owner 9 Employer (See Instructions) TMA Financial Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) \$10.00 Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) \$10.00 Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Marketing Group Amount of Contribution (S) Marketing Group Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Marketing Group Amount of Contribution (S) S8.00 Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Tacy, Miller Amount of Contribution (S) S8.00 Of/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) TMiller Financial Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) S8.00 Of/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) S8.00 Of/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) Henly Insurance Date Full name of contributor out-of-state PAC (Doff							
8 Principal occupation / Job title (See Instructions) Owner 9 Employer (See Instructions) TMA Financial Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) \$10.00 Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) \$10.00 Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Marketing Group Amount of Contribution (S) Marketing Group Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Marketing Group Amount of Contribution (S) S8.00 Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Tacy, Miller Amount of Contribution (S) S8.00 Of/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) TMiller Financial Date 06/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) S8.00 Of/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) S8.00 Of/10/2024 Full name of contributor out-of-state PAC (Doff) Amount of Contribution (S) Henly Insurance Date Full name of contributor out-of-state PAC (Doff							
Owner TMA Financial Date Full name of contributor out-of-state PAC (ID#;			Ft Worth, TX 76132-1518				
Date Full name of contributor out-of-state PAC (DBL Amount of Contribution (\$) 06/10/2024 Timothy, Roels \$10.00 Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Group Date Full name of contributor out-of-state PAC (IDEL) Amount of Contribution (\$) 06/10/2024 Fracy, Miller S8.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Agent Advisor Taracy, Miller S8.00 Ob/10/2024 Full name of contributor out-of-state PAC (IDEL) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (IDEL) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (IDEL) Amount of Contribution (\$) 06/10/2024 San Augustine, TX 75972-1324 Employer (See Instructions) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (IDEL) Amount of Contribution (\$) 06/10/2024	8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
06/10/2024 Timothy, Roels \$\$10.00 Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contributor Marketing Group Date Full name of contributor out-of-state PAC (Dr:		Owner		TMA Financial			
Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604 Principal occupation / Job title (See Instructions) Agent Advisor Date 06/10/2024 Tracy, Miller Contributor address; City; State; Zip Code Houston, TX 77056-6239 Principal occupation / Job title (See Instructions) Agent Advisor Date O6/10/2024 Houston, TX 77056-6239 Principal occupation / Job title (See Instructions) Agent Advisor Date O6/10/2024 Full name of contributor out-of-state PAC (IDe: Yictoria, Henly Contributor address; City; State; Zip Code San Augustine, TX 75972-1324 Principal occupation / Job title (See Instructions) Gol/10/2024 Victoria, Henly Contributor address; City; State; Zip Code San Augustine, TX 75972-1324 Principal occupation / Job title (See Instructions) Henly Insurance Od/10/2024 Full name of contributor Out-of-state PAC (IDe: Od/10/2024 Full name of contributor		Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604 Principal occupation / Job title (See Instructions) Agent Advisor Date Full name of contributor		06/10/2024					\$10.00
Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Marketing Group Date Full name of contributor out-of-state PAC (ID#:					1		
Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Marketing Group Date Full name of contributor out-of-state PAC (ID#:							
Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) Marketing Group Date Full name of contributor out-of-state PAC (ID#:							
Agent Advisor Marketing Group Date Full name of contributor out-of-state PAC (ID#:							
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Tracy, Miller S8.00 Contributor address; City; State; Zip Code Houston, TX 77056-6239 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) TMiller Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Victoria, Henly Second Second Contributor address; City; State; Zip Code San Augustine, TX 75972-1324 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:					5)		
06/10/2024 Tracy, Miller \$8.00 Contributor address; City; State; Zip Code Houston, TX 77056-6239 Employer (See Instructions) Agent Advisor TMiller Financial Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#;		Agent Advise	or	Marketing Group			
Contributor address; City; State; Zip Code Houston, TX 77056-6239 Principal occupation / Job title (See Instructions) Agent Advisor Date 06/10/2024 Victoria, Henly Contributor address; City; State; Zip Code San Augustine, TX 75972-1324 Principal occupation / Job title (See Instructions) San Augustine, TX 75972-1324 Principal occupation / Job title (See Instructions) Menty Insurance OWNER Date Of/10/2024 Wes, Wessel Contributor address; City; State; Zip Code Wes, Wessel Contributor address; City; State; Zip Code Willis, TX 77318-6431 Principal occupation / Job title (See Instructions) Millis, TX 77318-6431		Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Houston, TX 77056-6239 Principal occupation / Job title (See Instructions) Employer (See Instructions) Agent Advisor TMiller Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Victoria, Henly		06/10/2024					\$8.00
Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) TMiller Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Victoria, Henly Amount of Contribution (\$) Contributor address; City; State; Zip Code					1		
Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) TMiller Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Victoria, Henly Amount of Contribution (\$) Contributor address; City; State; Zip Code							
Principal occupation / Job title (See Instructions) Agent Advisor Employer (See Instructions) TMiller Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Victoria, Henly Amount of Contribution (\$) Contributor address; City; State; Zip Code							
Agent Advisor TMiller Financial Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Victoria, Henly \$8.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$8.00 San Augustine, TX 75972-1324 Employer (See Instructions) \$40.00 OWNER Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Willis, TX 77318-6431 Employer (See Instructions) Full pace (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				1			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Victoria, Henly \$8.00 Contributor address; City; State; Zip Code San Augustine, TX 75972-1324 Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNER Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Menly Insurance Amount of Contribution (\$) 06/10/2024 Full name of contributor out-of-state PAC (ID#:) Of Wes, Wessel Amount of Contribution (\$) Contributor address; City; State; Zip Code Mount of Contribution (\$) Willis, TX 77318-6431 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					5)		
06/10/2024 Victoria, Henly \$8.00 Contributor address; City; State; Zip Code \$8.00 San Augustine, TX 75972-1324 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNER Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 06/10/2024 Wes, Wessel \$40.00 Contributor address; City; State; Zip Code \$40.00 Willis, TX 77318-6431 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Agent Aaviso	or	TMiller Financiai			
Contributor address; City; State; Zip Code San Augustine, TX 75972-1324 Principal occupation / Job title (See Instructions) OWNER Date Full name of contributor 0d-10/2024 Wes, Wessel Contributor address; City; State; Zip Code Willis, TX 77318-6431 Principal occupation / Job title (See Instructions) Employer (See Instructions) Millis, TX 77318-6431 Employer (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	_
San Augustine, TX 75972-1324 Principal occupation / Job title (See Instructions) OWNER Employer (See Instructions) Henly Insurance Date Full name of contributor out-of-state PAC (ID#:) 06/10/2024 Wes, Wessel Amount of Contribution (\$) Contributor address; City; State; Zip Code \$40.00 Willis, TX 77318-6431 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		06/10/2024	Victoria, Henly				\$8.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNER Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/10/2024 Wes, Wessel Amount of Contribution (\$) Contributor address; City; State; Zip Code S40.00 Willis, TX 77318-6431 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNER Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/10/2024 Wes, Wessel Amount of Contribution (\$) Contributor address; City; State; Zip Code \$40.00 Willis, TX 77318-6431 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNER Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 06/10/2024 Wes, Wessel Amount of Contribution (\$) Contributor address; City; State; Zip Code S40.00 Willis, TX 77318-6431 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			Can Augusting TV 75072 1224				
OWNER Henly Insurance Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Wes, Wessel \$40.00 Contributor address; City; State; Zip Code Willis, TX 77318-6431 \$40.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Drizoinal agou			<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/10/2024 Wes, Wessel \$40.00 Contributor address; City; State; Zip Code \$40.00 Willis, TX 77318-6431 Employer (See Instructions)		-	pation / Job title (See instructions)		5)		
06/10/2024 Wes, Wessel \$40.00 Contributor address; City; State; Zip Code Willis, TX 77318-6431 Principal occupation / Job title (See Instructions) Employer (See Instructions)				-	-		
Contributor address; City; State; Zip Code Willis, TX 77318-6431 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	÷ 10.00
Willis, TX 77318-6431 Principal occupation / Job title (See Instructions) Employer (See Instructions)		06/10/2024					\$40.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Willie TY 77318-6/31				
	<u> </u>	Principal occu		Employer (See Instructions	<u> </u> •)		
)		

MONETARY POLITICAL CONTRIBUTIONS 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/16 Rpt: 19/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) National Association of Insurance and Financial Advisors - Texas PAC 00015644 4 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 7 06/10/2024 William, Montague 6 Contributor address; City; State; Zip Code Garland, TX 75044-3531 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Director of Development National Life Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 06/10/2024 William, Splawn

	Contributor address; City; State; Zip Code			
	Houston, TX 77077-5513			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Agent Adviso	Dr	Splawn & Associates		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/10/2024	Yuka, Nakahara-Goven			\$36.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007-4852			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Agent Adviso	or	New York Life		

SCHEDULE A1

\$4.00

\$10.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/3 Rpt: 20/23
FILER NAME National Ass	ociation of Insurance and Financial Advisors - Texas PAC	3 Filer ID (Ethics Commission Filers) 00015644
Date 06/10/2024	 5 Corporation / Labor Organization name Annie 6 Corporation / Labor Organization address; City; State; Zip Code 	7 Amount of contribution (\$)\$6.00
	Corpus Christi, TX 78413-4825	
Date 06/10/2024	Corporation / Labor Organization name Brett Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$6.80
	Elkhart, TX 75839-5116	
Date 06/10/2024	Corporation / Labor Organization name Charles Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$16.80
	Decatur, TX 76234-1373	
Date 06/10/2024	Corporation / Labor Organization name Frank Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$6.80
	Plano, TX 75075-7729	
Date 06/10/2024	Corporation / Labor Organization name Frank Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$4.00
	Tomball, TX 77377-8649	
Date 06/10/2024	Corporation / Labor Organization name Jason Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$84.00
	Floresville, TX 78114-0576	
Date 06/10/2024	Corporation / Labor Organization name Jim Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$6.80
	Eastland, TX 76448-0895	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 2/3 Rpt: 21/23
FILER NAME National Ass	ociation of Insurance and Financial Advisors - Texas PAC	3 Filer ID (Ethics Commission Filers) 00015644
Date 06/10/2024	 5 Corporation / Labor Organization name Joe 6 Corporation / Labor Organization address; City; State; Zip Code 	7 Amount of contribution (\$) \$3.40
	Fort Worth, TX 76116-1620	
Date 06/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$10.00
	Nacogdoches, TX 75965-8716	
 Date 06/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$100.00
	Nacogdoches, TX 75965-1929	
Date 06/10/2024	Corporation / Labor Organization name Kenny Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$4.00
	Amarillo, TX 79119-6438	
Date 06/10/2024	Corporation / Labor Organization name Lilia Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$6.80
	Corpus Christi, TX 78411-4917	
Date 06/10/2024	Corporation / Labor Organization name Michael Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$10.00
	San Antonio, TX 78270-1307	
Date 06/10/2024	Corporation / Labor Organization name Michael Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$6.80
	HEATH, TX 75032-5998	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 3/3 Rpt: 22/23
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	National Ass	ociation of Insurance and Financial Advisors - Texas PAC	00015644
4	Date 06/10/2024	 5 Corporation / Labor Organization name Peter 6 Corporation / Labor Organization address; City; State; Zip Code 	7 Amount of contribution (\$) \$10.00
L		Spring, TX 77379-5078	
Γ	Date	Corporation / Labor Organization name	Amount of contribution (\$)
	06/10/2024	Raymond	\$8.00
		Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	
F	Date	Corporation / Labor Organization name	Amount of contribution (\$)
	06/10/2024	Rodney	\$20.00
		Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78732-2453	
F	Date	Corporation / Labor Organization name	Amount of contribution (\$)
	06/10/2024	Vincente	\$10.00
		Corporation / Labor Organization address; City; State; Zip Code	
		Amarillo, TX 79118-9390	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.						
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME National Association of Insurance and Financia	al 3 Filer ID (Ethics Commission Filers 00015644				
Date 06/03/2024	5 Payee name NAIFA-Texas					
Amount (\$) 2,000.00 Expenditure from corporate funds	 Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065 					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required Monthly Admin Fee to manage PAC				
	I					