

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME American National Insurance Company Employee Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015632
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,492.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 126,941.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Brian Harrison

 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 - GPAC

17 COMMITTEE NAME American National Insurance Company Employee Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015632
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,492.00
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKER, ROBERT (Mr.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Houston, TX 77265	
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENNETT, KELLY (Ms.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Santa Fe, TX 77510	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOETTNER, KEITH (Mr.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Dickinson, TX 77539	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIGHT, BRIAN (Mr.)	Amount of Contribution (\$) \$225.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROUSSARD, JASON (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROUSSARD, SHIRLEY (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$160.00
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, MATTHEW (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAIRES, PHILIP (Mr.) <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPMAN, CARELYN (Ms.) <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARPING, DEBRA (Ms.) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEVELAND, JERRY (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COMEAX, THOMAS (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUCCO, JOSEPH (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Marque, TX 77568	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEEM, JAMES (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIBRELL, RAYMOND (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FALCONER, CHRISTOPHER (Mr.)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code League City, TX 77573		
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRIS, VICTORIA (Ms.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code Texas City, TX 77590		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERRELL, LEE (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, JENNIFER (Ms.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, BRIAN (Mr.)	Amount of Contribution (\$) \$32.00
Contributor address; City; State; Zip Code Texas City, TX 77591		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEREK, RICHARD (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code League City, TX 77573	
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL III, GEORGE (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dickinson, TX 77539	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALVORSEN, DOUGLAS (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Parrottsville, TN 37843	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, BRIAN (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Manvel, TX 77578	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOBS, PAULA (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEIMIG, DONNA (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAMB, BRYAN (Mr.) <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAL, RICARDO (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEGRAND, THOMAS (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAHANNAH, STEVEN (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARQUIS, MICHAEL (Mr.)	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Danbury, TX 77534	
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEAD, CLAIRE (Ms.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, MEREDITH (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MULLIN, RICHARD (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIMMONS, MICHAEL (Mr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAVELKA, EDWARD (Mr.) 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEREZ, MANUEL (Mr.) Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHEFFT, ROBERT (Mr.) Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNEDDEN, DEANNA (Ms.) Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TACQUARD, HENRY (Ms.) Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, DEBRA (Ms.)	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Dickinson, TX 77539		
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER, CHRISTIE (Ms.)	Amount of Contribution (\$) \$160.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TYRA, JAMES (Mr.)	Amount of Contribution (\$) \$90.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, MARK (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Houston, TX 77059		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTON, DEANNA (Ms.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/13
2 FILER NAME American National Insurance Company Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015632
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEHE, THOMAS (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code League City, TX 77573	
8 Principal occupation / Job title (See Instructions) insurance exec		9 Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, STACEY (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, LA 77510	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOHLFAHRT, KYLE (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOTEN, VELDA (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) insurance exec		Employer (See Instructions) ANICO