#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059417 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Association of Mutual Insurance Companies PAC Date Received **ELECTRONICALLY FILED** 07/27/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 389 Change of Address Yoakum, TX 77995-0389 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Timothy L. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged McCoy CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 500 S. US Hwy 77A STREET **ADDRESS** (Residence or Business) Yoakum, TX 77995 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** P.O. Box 389 MAILING **ADDRESS** Change of Address Yoakum, TX 77995-0389 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (361) 293-1070 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

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			13 Filer ID	(Ethics Commission Filers)	
Texas Association of Mu	utual Insurance Compa	inies PAC		00059417	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	Соррания			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUT OR GUARANTEES OF LO ADE ELECTRONICALLY) qualifies for the higher itemiza	ANS, OR	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS				0.00
	(OTHER THAN PLEI	OGES, LOANS, OR GUAR	ANTEES 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 \$	18,929.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT	I			I	
		true and cor	ffirm, under penalty of pe ect and includes all inforr 5, Election Code.	rjury, that the a	accompanying report is d to be reported by me
			Mr. Timoth	ny I. McCov	
Mr. Timothy L. N Signature of Campaig					urer
AFFIX NOTARY	STAMP / SEAL ABOVE		org.nataro or oar	pa.gcacc	
ALTIXINOTART	STAMP / SEAL ABOVE				
				nis the	day
of	, 20, to certify \	vhich, witness my hand an	d seal of office.		
Signature of officer add	ministering oath	Printed name of officer adı	ninistering oath	Title of office	cer administering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3 3 of 5

				3	3 of 5
<b>17</b> CO	ммітті	(Ethics Commission File	ers)		
Te	kas As				
l	HEDUL ME OF	SUBTOTAL AMOUNT			
1.	X	\$ 0.00			
2.	X	\$	0.00		
3.	X	\$	0.00		
4.		\$			
5.		\$			
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.		\$			
8.		\$			
9.	X	\$	0.00		
10.	X	\$	0.00		
11.	Х	\$	0.00		
12.	Х	\$	0.00		
13.	Х	\$	0.00		
14.		\$			
15.		\$			
				•	

PLEI	DGED CONTRIBU	TIONS			SCHEDULE B		
The Instruction Guide explains how to complete this form.  2 FILER NAME				1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5			
					s Commission Filers)		
Texas Association of Mutual Insurance Companies PAC				00059417			
4 TOTAL	OF UNITEMIZED PLED	GES		\$	0.00		
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC	(ID#:		9 In-kind description		
				pledge (\$)	(If applicable)		
	7 Pledgor Address;	City; State; Zip C	ode				
40 Dringing	Lacouration / Joh title (Coa lactu	.ational	144 - 1 10 1	1—	de of Texas. Complete Schedule T.		
10 Principal	l occupation / Job title (See Instru	ictions)	11 Employer (See In	ructions)			

	LOANS						SCH	EDULE E	
	The Instruction	on Guide explains how to complete this form				ges Schedule E 1 Rpt: 5/5	:		
2	FILER NAME Texas Association	on of Mutual Insurance Companies PAC			3 Filer ID (Ethics Commission Filers) 00059417			ission Filers)	
4		IITEMIZED LOANS			·		\$	0.00	)
5	Date of loan	7 Name of lender out-of-sta	ate PA	C (ID#:		)	9 Loan Amou	int (\$)	_
6	Is lender a financial institution?	8 Lender address; City; Sta	ate;	Zip Code			10 Interest Rat	te	
							11 Maturity Da	te	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruc	ctions)		l		
14	Description of Coll	ateral		15 Check if personal fund	ds were o	deposited	into political ac (See Instru		_
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	aranteed (\$)	_
	not applicable	18 Guarantor address; City; Sta	ate;	Zip Code					
20 Principal occupation			21 Employer (See Instruc	ctions)					