



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Texas Insurance Professionals Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00087515 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 890.00     |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 5.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 14,023.68  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 598,437.86 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 0.00       |

**16 AFFIDAVIT**

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

Mr. Kriston R. Crow  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

|  |   |   |
|--|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Insurance Professionals Political Action Committee |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00087515 |
| <b>19 SCHEDULE SUBTOTALS</b>   |   | SUBTOTAL AMOUNT   |
|  | NAME OF SCHEDULE  |   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 890.00   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.   | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.   | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 1,122.50   |
| 11.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 12,901.18  |
| 12.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/9   |
| <b>2</b> FILER NAME<br>Texas Insurance Professionals Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087515 |
| <b>4</b> Date<br>07/01/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Burdick, Jeffrey<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>FORT WORTH, TX 76177-7054 | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Insurance       |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>07/07/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurst, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77066                               | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Insurance                |   | Employer (See Instructions)                              |
| Date<br>07/15/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mims, David<br><hr/> Contributor address; City; State; Zip Code<br><br>WINNIE, TX 77665                                 | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Insurance                |   | Employer (See Instructions)                              |
| Date<br>07/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Paysse, Kenneth<br><hr/> Contributor address; City; State; Zip Code<br><br>BEEVILLE, TX 78102-4514                      | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Insurance                |   | Employer (See Instructions)                              |
| Date<br>07/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Raeke, Rebecca<br><hr/> Contributor address; City; State; Zip Code<br><br>COLLEYVILLE, TX 76034-4116                    | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Insurance                |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/9   |
| <b>2</b> FILER NAME<br>Texas Insurance Professionals Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087515 |
| <b>4</b> Date<br>07/01/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sewell, David | <b>7</b> Amount of Contribution (\$)<br>\$350.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>GEORGETOWN, TX 78628-5335                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Insurance       |   | <b>9</b> Employer (See Instructions)                     |
| <b>Date</b><br>07/01/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Verity, Heather | <b>Amount of Contribution (\$)</b><br>\$200.00           |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>CONROE, TX 77304-3413                            |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Insurance         |   | <b>Employer (See Instructions)</b>                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 6/9   | <b>2</b> FILER NAME<br>Texas Insurance Professionals Political Action Committee  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087515   |
| <b>4</b> Date<br>07/23/2024  | <b>5</b> Payee name<br>GoDaddy   |  |
| <b>6</b> Amount (\$)<br>\$58.32<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>14455 N Hayden Rd<br>Ste 100<br>Scottsdale, AZ 85260                        |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC domain name registration   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |  |  |
| Date<br>07/23/2024   | Candidate/Officeholder name<br>Office sought<br>Office held  |  |
| Amount (\$)<br>\$1,022.85<br><br><input type="checkbox"/> Expenditure from corporate funds       | Payee name<br>GoDaddy<br><br>Payee address; City; State; Zip Code<br>14455 N Hayden Rd<br>Ste 100<br>Scottsdale, AZ 85260    |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC software subscription   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |  |  |
| Date<br>06/26/2024   | Candidate/Officeholder name<br>Office sought<br>Office held  |  |
| Amount (\$)<br>\$36.32<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee name<br>GrowthZone<br><br>Payee address; City; State; Zip Code<br>23973 Hazelwood Dr S Ste 100<br><br>Nisswa, MN 56468 |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Fees   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Processing fees for processing multiple credit card contributions 6/26/24-7/17/24 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |  |  |

# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:<br>Sch: 1/3 Rpt: 7/9 | <b>2</b> FILER NAME<br>Texas Insurance Professionals Political Action Committee | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087515 |
|--|---|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |   |
|-----------------------------|---|
| <b>5</b> Date<br>06/26/2024 | <b>6</b> Payee name<br>Atchley & Associates LLP |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>7</b> Amount (\$)<br>\$415.00 | <b>8</b> Payee address; City; State; Zip Code<br>1005 La Posada Dr<br>Austin, TX 78752 |
|----------------------------------|--|

Expenditure from corporate funds

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |   |   |
|----------------------------------|---|---|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC accounting and reporting services |
|----------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>07/23/2024 | Payee name<br>Atchley & Associates LLP |
|--------------------|--|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$655.00 | Payee address; City; State; Zip Code<br>1005 La Posada Dr<br>Austin, TX 78752 |
|-------------------------|---|

Expenditure from corporate funds

|                            |  |
|----------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC accounting and reporting services |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:<br>Sch: 2/3 Rpt: 8/9 | <b>2</b> FILER NAME<br>Texas Insurance Professionals Political Action Committee | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087515 |
|--|---|--|

|  |           |
|--|-----------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | <b>\$</b> |
|--|-----------|

|                             |   |
|-----------------------------|---|
| <b>5</b> Date<br>06/26/2024 | <b>6</b> Payee name<br>Cates Legal Group PLLC |
|-----------------------------|---|

|   |   |
|---|---|
| <b>7</b> Amount (\$)<br>\$750.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>8</b> Payee address; City; State; Zip Code<br>5910 Clementine Ln<br><br>Austin, TX 78744 |
|---|---|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Legal Services | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC legal services |
|----------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br>07/23/2024 | Payee name<br>Galitski, Frank V. |
|--------------------|----------------------------------|

|   |   |
|---|---|
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>11700 Red Oak Valley Ln<br><br>Austin, TX 78732 |
|---|---|

|                            |  |
|----------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC government affairs consulting |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--|--|--|--|



# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:<br>Sch: 3/3 Rpt: 9/9 | <b>2</b> FILER NAME<br>Texas Insurance Professionals Political Action Committee | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087515 |
|--|---|--|

|  |           |
|--|-----------|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | <b>\$</b> |
|--|-----------|

|                             |   |
|-----------------------------|---|
| <b>5</b> Date<br>07/23/2024 | <b>6</b> Payee name<br>Galitski, Frank V. |
|-----------------------------|---|

|                                    |  |
|------------------------------------|--|
| <b>7</b> Amount (\$)<br>\$1,081.18 | <b>8</b> Payee address; City; State; Zip Code<br>11700 Red Oak Valley Ln<br>Austin, TX 78732 |
|------------------------------------|--|

Expenditure from corporate funds

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimburse PAC expenses |
|----------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|