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) 00087515 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Insurance Professionals Political Action Committee Date Received **ELECTRONICALLY FILED** 08/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 11102 Bammel N. Houston Rd. Change of Address Houston, TX 77066 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Kriston R. NAME Date Processed NICKNAME **SUFFIX** LAST Kris Date Imaged Crow CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 3908 Tanglewood Ln. STREET **ADDRESS** (Residence or Business) Odessa, TX 79762 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3908 Tanglewood Ln. MAILING **ADDRESS** Change of Address Odessa, TX 79762 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (432) 559-2343 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

GO TO PAGE 2
www.ethics.state.tx.us

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas Insurance Profe	essionals Political Action	Committee	000875	15		
14 COMMITTEE ACTIVITY	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				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	890.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		5.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	14,023.68		
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
16 AFFIDAVIT	•					
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	jury, that th nation requ	ne accompanying report is ired to be reported by me		
	Mr. Kriston R. Crow					
	Signature of Campaign Treasurer					
AFFIX NOTAR	Y STAMP / SEAL ABOVE					
Sworn to and subscribe	ed before me, by the said	, tr	is the	day		
of	, 20, to certify	which, witness my hand and seal of office.				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of o	officer administering oath		

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of	f 9
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers	
Tex	kas Ins	urance Professionals Political Action Committee	00087515		,
19 SCI		<u> </u>			
l	ME OF :	SUBTOTAL AMOUN	Т		
TV WILL OF GOTTLESGEE					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 89	90.00
				•	
,	\Box	SCHEDULE 42: MONI MONETARY (IN VIND) DOLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
		COLUED III E OA. MONETADY CONTRIBUTIONS EDOM CORPORATION OR LANG			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$		
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
		LABOR ORGANIZATION	*		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	 	
0.	Ш	SCHEDULE CS. MONETART SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
				ļ*	
10	Ū.	SCHEDULE F1: DOLITICAL EXPENDITURES FROM DOLITICAL CONTRIBUTIONS	6	1 12	22 50
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	3	\$ 1,12	22.50
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 12,90	1.18
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	<u> </u>				
1,	\Box	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONE		
14.	Ш	SCHEDULE I. NON-POLITICAL EXPENDITORES PROM POLITICAL CONTRIBUTION	JING	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER	TE TOTAL D	\$	
				<u> </u>	
i					
l					

	MONET	ARY POLITICAL CONTR	RIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form.		n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/9	
2	FILER NAME Texas Insura	nce Professionals Political Action Comr	mittee		3	Filer ID (Ethics Commission 00087515	n Filers)
4	Date 07/01/2024	 Full name of contributor out-of-st Burdick, Jeffrey Contributor address; City; State; Zip Cod 	tate PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
		FORT WORTH, TX 76177-7054					
8	Principal occu Insurance	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 07/07/2024	Full name of contributor out-of-st Hurst, David Contributor address; City; State; Zip Cod	tate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77066 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Insurance						
	Date 07/15/2024	Mims, David	tate PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		WINNIE, TX 77665					
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 07/25/2024	Paysse, Kenneth				Amount of Contribution (\$)	\$100.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 07/01/2024	Raeke, Rebecca				Amount of Contribution (\$)	\$10.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	JLE A1
,	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/9		
	FILER NAME Texas Insurance Professionals Political Action Committee		3	Filer ID (Ethics Commiss 00087515	sion Filers)	
	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Sewell, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$	\$350.00
8	Principal occu	GEORGETOWN, TX 78628-5335	9 Employer (See Instructions	 		
	Insurance	,	, , , (,		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_ Verity, Heather Contributor address; City; State; Zip Code)		Amount of Contribution (\$	\$200.00
	Principal occu	CONROE, TX 77304-3413 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		

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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/1 Rpt: 6/9	Texas Insurance Professionals Political Action Committee 00087515	
4 Date	5 Payee name	
07/23/2024	GoDaddy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$58.33	14455 N Hayden Rd	
	Ste 100	
Expenditure from corporate funds	Scottsdale, AZ 85260	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	PAC domain name registration	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorure to benefit C/Oi	П	
Date	Payee name	
07/23/2024	GoDaddy	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,022.85	14455 N Hayden Rd	
	Ste 100	
Expenditure from corporate funds	Scottsdale, AZ 85260	
PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	PAC software subscription	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	Н	
Date	Payee name	=
06/26/2024	GrowthZone	
Amount (\$)	Payee address; City; State; Zip Code	_
\$36.32	23973 Hazelwood Dr S Ste 100	
\$00.0 <u>2</u>	20070 110251110000 21 0 010 100	
Expenditure from corporate funds	Nisswa, MN 56468	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Processing fees for processing multiple credit card	
	contributions 6/26/24-7/17/24	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
expenditure to benefit C/OI		
		-

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 7/9 Texas Insurance Professionals Political Action Committee 00087515 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 5 Payee name 06/26/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code City; \$415.00 1005 La Posada Dr Expenditure from Austin, TX 78752 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2024 Atchley & Associates LLP Amount (\$) Payee address; City; State; Zip Code \$655.00 1005 La Posada Dr Expenditure from Austin, TX 78752 corporate funds **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 8/9 Texas Insurance Professionals Political Action Committee 00087515 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 06/26/2024 Cates Legal Group PLLC Amount (\$) Payee address; State; Zip Code \$750.00 5910 Clementine Ln Expenditure from Austin, TX 78744 corporate funds **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC legal services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2024 Galitski, Frank V. Amount (\$) Payee address; City; State; Zip Code \$10,000.00 11700 Red Oak Valley Ln Expenditure from Austin, TX 78732 corporate funds **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC government affairs consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 9/9 Texas Insurance Professionals Political Action Committee 00087515 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 07/23/2024 Galitski, Frank V. Amount (\$) Payee address; City; State; Zip Code \$1,081.18 11700 Red Oak Valley Ln Expenditure from Austin, TX 78732 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimburse PAC expenses Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH