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) 00069829 3 COMMITTEE NAME **OFFICE USE ONLY** RVOS Farm Mutual Insurance Group Political Action Committee Date Received **ELECTRONICALLY FILED** 08/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 6106 Change of Address Temple, TX 76503-6106 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Barbara Renee NAME Date Processed NICKNAME **SUFFIX** LAST Renee Date Imaged Quinn CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2301 S. 37th St. STREET **ADDRESS** (Residence or Business) Temple, TX 76504 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2301 S. 37th St. MAILING **ADDRESS** Change of Address Temple, TX 76504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (254) 773-2181 x225 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

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 File	ID (Ethics Comn	nission Filers)
RVOS Farm Mutual	Insurance Group Political	Action Committee	000	69829	
4 COMMITTEE	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 Manauran	A. Supported			
	Measures (Describe by date and location)	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER 1	THAN		
TOTALS		OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)		\$	0.00
	I	qualifies for the higher itemization threshold			
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$	004.44
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LO	DANS)	ľ	804.44
EXPENDITURE	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES		\$	0.00
TOTALS				ļ ^v	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
					0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF TH G PERIOD	HE LAST DAY	\$	6,043.17
OUTSTANDING		AMOUNT OF ALL OUTSTANDING LOANS	S AS OF THE	_	
LOAN TOTALS	LAST DAY OF THE	REPORTING PERIOD		\$	0.00
6 AFFIDAVIT				l	
		I swear, or affirm, under pen- true and correct and includes under Title 15, Election Code	s all information r	at the accompanying equired to be reporte	report is d by me
		Me	Barbara Renee	. Quinn	
			ure of Campaign		
		Signati	are or campaign	rreasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said		, this the		_ day
		which, witness my hand and seal of office.	_		
Signature of officer	administering oath	Printed name of officer administering oath	Title	of officer administeri	ng oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

				3 01 9			
	MMITTI OS Fa	(Ethics Commission Filers)					
	HEDUL ME OF	SUBTOTAL AMOUNT					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 804.44			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$			
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 CONTRIBUTI	ONS	\$			
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 12.83			
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

ľ	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A	۱1
7	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/9	
	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filer 00069829	rs)
	Date 06/28/2024	 Full name of contributor out-of-state PAC (ID#:_BURNETT, GREGORY Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	30.00
		TEMPLE, TX 76502			
	Principal occu T MANAGEI	pation / Job title (See Instructions) R	9 Employer (See Instructi RVOS FARM MUTU	tions) JAL INSURANCE COMPANY	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_CARLSON, STACY Contributor address; City; State; Zip Code)) Amount of Contribution (\$) \$	15.00
F	Principal occu	HOLLAND, TX 76534 pation / Job title (See Instructions)	Employer (See Instructi	tions)	
	JNDERWRI [*]			JAL INSURANCE COMPANY	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ CARROLL, CLINT Contributor address; City; State; Zip Code)) Amount of Contribution (\$) \$1	60.00
		SALADO, TX 76571-7657	l = 		
	rincipal occul CLAIMS SUF	pation / Job title (See Instructions) PERVISOR	Employer (See Instructi RVOS FARM MUTU	JAL INSURANCE COMPANY	
	Date 06/28/2024	Contributor address; City; State; Zip Code) Amount of Contribution (\$) \$	12.00
		pation / Job title (See Instructions) TING ADMIN ASST	Employer (See Instruction	tions) JAL INSURANCE COMPANY	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ GREENMAN, CHERIME Contributor address; City; State; Zip Code)) Amount of Contribution (\$)	30.00
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	tions)	
	orpar occup	passer, too the (coo mendenone)			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/9		
2	FILER NAME RVOS Farm	Mutual Insurance Group Polit	ical Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 06/28/2024	5 Full name of contributor HUTKA, AMBER6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$30.00
Ļ	<u> </u>	ROGERS, TX 76569	<u> </u>		<u></u>		
8		pation / Job title (See Instructions)	9	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2024 HYKEL, RICHARD (Mr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00		
		TROY, TX 76579-9026	1				
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions RVOS FARM MUTUAL		SURANCE CO	
	Date 06/28/2024	Full name of contributor JACKSON, WESLEY Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$57.72
H	Principal occu	TEMPLE, TX 76502 pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> s)		
	VICE PRESI			RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 06/28/2024	Full name of contributor JIMENEZ, ESTEBAN Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.00
	•	pation / Job title (See Instructions) RELATIONS SPECIALIST)	Employer (See Instructions		SURANCE COMPANY	
	Date 06/28/2024	Full name of contributor LANGFORD, KENNETH Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$24.00
		pation / Job title (See Instructions)		Employer (See Instructions		CLIDANCE COMPANY	
	FIELD CLAII	MS ADJUSTER		RVOS FARM MUTUAL	IIN:	SUKANCE CUMPANY	

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS 	SCHEDULI	E A1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/9	
2	FILER NAME RVOS Farm	Mutual Insurance Group Politic	al Action Committee		3 Filer ID (Ethics Commission 00069829	ı Filers)
4	Date 06/28/2024	5 Full name of contributor)	7 Amount of Contribution (\$)	\$60.00
		CYPRESS, TX 77433				
8	Principal occu CLAIMS AD	pation / Job title (See Instructions) JUSTER	9	Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 06/28/2024	Full name of contributor MCANAW, GREGORY Contributor address; City; Stat	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$30.00
	Principal occu	Temple, TX 76502 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 	
	CLAIMS MA	NAGER		RVOS FARM MUTUAL INSURANCE COMPANY		
	Date 06/28/2024	Full name of contributor [QUINN, BARBARA Contributor address; City; Stat	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions		
	CONTROLL			, , ,	INSURANCE COMPANY	
	Date 06/28/2024	Full name of contributor SANDEFUR, AMBER Contributor address; City; Stat TEMPLE, TX 76502	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$14.00
	Principal occu UNDERWRI	pation / Job title (See Instructions) TER-AUTO		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 06/28/2024	Full name of contributor SHOCKLEY, WILEY Contributor address; City; Stat BELTON, TX 76513	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$120.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL	I) S) INSURANCE COMPANY	

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/9	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Commit	ttee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 06/28/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$57.72
_		TEMPLE, TX 76504					
8	Principal occu SECRETAR	pation / Job title (See Instructions) Y	9	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 06/28/2024	Full name of contributor out-of-state PAC (II SULAK, IRENE Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$60.00
		TEMPLE, TX 76501					
			Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY		
	Date 06/28/2024	Full name of contributor out-of-state PAC (II TIRCUIT, SHEILA Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$18.00
		ROGERS, TX 76569					
		pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 06/28/2024	Full name of contributor out-of-state PAC (II Thoma, Ryan Contributor address; City; State; Zip Code San Angelo, TX 76904)		Amount of Contribution (\$)	\$20.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/28/2024	Full name of contributor out-of-state PAC (I WON, BEN (Mr.) Contributor address; City; State; Zip Code BELTON, TX 76513				Amount of Contribution (\$)	\$60.00
	·	pation / Job title (See Instructions) RT MANAGER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	ę	······································		55 . 7 110 10/16	•		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t		Total pages Schedule A1: Sch: 5/5 Rpt: 8/9	
2	FILER NAME				Filer ID (Ethics Commission Filers)
		Mutual Insurance Group Political Action Committee			00069829
4	Date 06/28/2024				Amount of Contribution (\$) \$14.00
		TEMPLE, TX 76502			
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	HOMEOWN	ER UNDERWRITER	RVOS FARM MUTUAL	. INS	SURANCE COMPANY

NON-POLITIC MADE FROM	SCHEDULE I						
	The Instruction Guide explains how to	complete this form.					
1 Total pages Schedule I: Sch: 1/1 Rpt: 9/9 4 Date	2 FILER NAME RVOS Farm Mutual Insurance Group Political Action 3 Filer ID (Ethics Commission Filers) 00069829 5 Payee name						
07/11/2024 6 Amount (\$) 12.83 Expenditure from corporate funds	Wells Fargo Bank N.A. 7 Payee Address; City; State; Zip 420 Montgomery Street San Francisco, CA 94104						
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Client Analysis Fee					