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** 09/05/2024 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 **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Kriston R. NAME Date Processed NICKNAME **SUFFIX** LAST Kris Date Imaged Crow CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 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 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer I	
Texas Insurance Pro	fessionals Political Action	Committee	00087	7515
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.)	A. Supported		
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$ 0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)		\$ 995.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	\$ 5.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	\$ 14,381.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	AST DAY	\$ 585,735.77
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD		\$ 0.00
.6 AFFIDAVIT				
		I swear, or affirm, under penalty or true and correct and includes all in under Title 15, Election Code.	f perjury, that nformation red	t the accompanying report is quired to be reported by me
		Mr. Kr	riston R. Cro	nw.
			Campaign T	_
AFFIX NOTA	RY STAMP / SEAL ABOVE	org.i.cu.o.	oampaig	. 55.
Sworn to and subscrib	and hafara ma, by the said		this the	day
		which, witness my hand and seal of office.	, uns ure	uay
0				
Signature of officer	administering oath	Printed name of officer administering oath	Title c	of officer administering oath
		-		-

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 8	
17 COI	MMITTE	E NAME	18 Filer ID	(Ethics Commis	sion Filers)	
Тех	as Ins	urance Professionals Political Action Committee	00087515	•	,	
19 SCI	19 SCHEDULE SUBTOTALS					
NAME OF SCHEDULE					L AMOUNT	
TWINE OF CONEDUCE						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	995.00	
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
	ш	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
	Ш			\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ıR	6		
, T.	Ш	ORGANIZATION		\$		
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR			
5.	Ш	LABOR ORGANIZATION		\$		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR				
7.		ORGANIZATION		\$		
				-		
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$		
9.	П	SCHEDULE E: LOANS		\$		
				ļ ·		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	13,697.09	
				<u> </u>		
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		 \$	684.50	
11.		SCHEDOLE 12. GIVE AID INCONNED OBLIGATIONS		3	004.50	
10		COLUED III E FO. DUDOLIACE OF INIVESTMENTS FROM POLITICAL CONTRIBUTION	anc.			
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	JNS	\$		
					-	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
		COLUMN 1/4 INTEREST OFFICE CAINS RESUMES AND CONTRIBUTIONS		-		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$		
				<u> </u>		
ı						

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/8		
2	FILER NAME Texas Insura	FILER NAME Texas Insurance Professionals Political Action Committee		3	Filer ID (Ethics Commission 00087515	n Filers)	
4	Date 08/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00	
_	Deignaignal	FORT WORTH, TX 76177-7054	O Francisco (Con Instructions				
8	Insurance	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ Crow, Kriston Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Odessa, TX 79762 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Insurance						
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_ Hurst, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Houston, TX 77066					
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:_Mims, David Contributor address; City; State; Zip Code WINNIE, TX 77665			Amount of Contribution (\$)	\$100.00	
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_Raeke, Rebecca Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034-4116			Amount of Contribution (\$)	\$10.00	
	Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instructions	i)			
		<u>,</u>					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/8	
2	FILER NAME Texas Insurance Professionals Political Action Committee		3	Filer ID (Ethics Commiss 00087515	ion Filers)	
4	Date 07/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$105.00
8	Principal occu	Arlington, TX 76013-3304 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_ Sewell, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$350.00
	Principal occu	GEORGETOWN, TX 78628-5335 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_Verity, Heather Contributor address; City; State; Zip Code CONROE, TX 77304-3413			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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		
Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
Sch: 1/2 Rpt: 6/8	Texas Insurance Professionals Political Action Committee 00087515	
4 Date	5 Payee name	
07/29/2024	Atchley & Associates LLP	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,070.00	1005 La Posada Dr	
Expenditure from corporate funds	Austin, TX 78752	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	PAC accounting and reporting services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/61	''	
Date	Payee name	
07/31/2024	Cates Legal Group PLLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$750.00	5910 Clementine Ln	
Expenditure from corporate funds	Austin, TX 78744	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	PAC legal services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/31/2024	Cates Legal Group PLLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$750.00	5910 Clementine Ln	
— Foresediture from		
Expenditure from corporate funds	Austin, TX 78744	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	PAC legal services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
5. po a a. a to bollone 0/01	·· 	

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 Committe

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

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/2 Rpt: 7/8	Texas Insurance Professionals Political Action Committee 00087515
4 Date	5 Payee name
07/31/2024	Galitski, Frank V.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11,081.18	11700 Red Oak Valley Ln
Expenditure from corporate funds	Austin, TX 78732
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	PAC government affairs consulting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/29/2024	GrowthZone
Amount (\$)	Payee address; City; State; Zip Code
\$40.91	23973 Hazelwood Dr S Ste 100
φ 4 0.91	23973 Hazeiwood Di 3 Sie 100
Expenditure from corporate funds	Nisswa, MN 56468
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Processing fees for processing multiple credit card
	contributions 7/29/24-8/22/24
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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: 1/1 Rpt: 8/8 Texas Insurance Professionals Political Action Committee 00087515 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 08/23/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$684.50 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 Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **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