

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015644	2 Total pages filed: 26				
3 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/04/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3755 Attucks Drive Powell, OH 43065				Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Daniel	MI MI	Receipt # Amount			
	NICKNAME	LAST O'Connell	SUFFIX	Date Processed			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3755 Attucks Drive Powell, OH 43065						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1250 S. Capitol of TX Hwy. Bldg. 3 Ste. 400 Austin, TX 78746						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	716-8800					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	26	2024		08	25	2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC	13 Filer ID (Ethics Commission Filers) 00015644
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Caroline Fairly State Representative
		B. Opposed
	2. Measures (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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,054.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 111,656.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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. Daniel O'Connell

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC	13 Filer ID (Ethics Commission Filers) 00015644
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (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.)	Sen. Charles Schwertner State Senator	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (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.)	Rep. Ryan Guillen State Representative	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (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.)	Rep. Trent Ashby State Representative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		13 Filer ID (Ethics Commission Filers) 00015644
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (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.)	Rep. Angie Chen Button State Representative
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (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.)	Rep. Dennis Paul State Representative
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	
2. Measures (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.)	Rep. Keresa Richardson State Representative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		13 Filer ID (Ethics Commission Filers) 00015644
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (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.)	Dr. Tom Oliverson State Representative

SUBTOTALS - MPAC

17 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		18 Filer ID (Ethics Commission Filers) 00015644
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,701.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	353.80
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	4,000.00
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/16 Rpt: 7/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Cappilla <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1044	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Aaron Cappilla farmers insurance agency
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Holland <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-4412	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Principal
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyson, Guest <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-5118	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) MetLife Premier Client Group
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Baker <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-4115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Malone <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-1225	Amount of Contribution (\$) \$16.80
Principal occupation / Job title (See Instructions) Financial Professional		Employer (See Instructions) Level Four Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 8/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Green <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450-1004	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions) Third Rail Financial, LLC
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent, Hill <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114-4336	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) Professional Insurance Svcs
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Metteauer <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803-6850	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Carol Metteauer
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline, Welch <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78738-1007	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chane, Reagan <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-6882	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) AuguStar Financial Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 9/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833-4605	7 Amount of Contribution (\$) \$33.60
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri, Stanwix <hr/> Contributor address; City; State; Zip Code Celina, TX 75009-4630	Amount of Contribution (\$) \$16.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Stanwix Insurance & Benefits
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissman, Crombie <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-4525	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Crombie Financial Group, llc
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Price <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-5730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life Insurance CO & NYLIFE Securities
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2114	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 10/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Bronstad	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Bryan, TX 77802-4301		
8 Principal occupation / Job title (See Instructions) Financial Representative		9 Employer (See Instructions) Thrivent Financial
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Farabee	Amount of Contribution (\$) \$6.80
Contributor address; City; State; Zip Code Wichita Falls, TX 76301-6824		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Webb	Amount of Contribution (\$) \$34.00
Contributor address; City; State; Zip Code Nacogdoches, TX 75964-1388		
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Pioneer Financial Group
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Gary	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Karnack, TX 75661-0323		
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Texas Farm Bureau Insurance
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Midland, TX 79701-5515		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Carter Financial Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 11/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Boozer <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76205-8008	7 Amount of Contribution (\$) \$6.80
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Don Boozer & Assoc.
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Hutto <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-3264	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Hutto Insurance Services
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Friedeck <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-3304	Amount of Contribution (\$) \$4.80
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Friedeck & Associates Inc.
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnie, Britt <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-3332	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm Insurance Companies
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76906-0707	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Doug Massey Financial Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 12/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76906-0707	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Doug Massey Financial Services
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Vickers <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808-8402	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Financial_Advisor		Employer (See Instructions) Mutual of Omaha Companies
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Marvin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-1031	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Ed Marvin Insurance Brokerage
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Cisneros <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927-3398	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Enrique Cisneros Insurance
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Forsythe <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-4732	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Northwestern Mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 13/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filemon, Esquivel <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363-5774	7 Amount of Contribution (\$) \$3.40
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) New York Life
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Kneip <hr/> Contributor address; City; State; Zip Code Victoria, TX 77905-3178	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Crossroads Insurance Professionals Inc.
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Schmiedekamp <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3673	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MR		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria, Guzman <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936-6231	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Guardian
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grover, Brillhart <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098-4036	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Penn Mutual Wealth Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 14/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollie, Gandy Donohue <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-4633	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) OwnerSenior Producer		9 Employer (See Instructions) Safe Money Solutions
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack, Knight <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-5908	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Agency Owner		Employer (See Instructions) Jack Knight Insurance Assoc
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Burghard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-4011	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) James O. Burghard Financial Services
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Stratton <hr/> Contributor address; City; State; Zip Code Spring, TX 77388-5185	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Stratton & Associates
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Mickey <hr/> Contributor address; City; State; Zip Code Spring, TX 77388-5012	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor, Managing Associate		Employer (See Instructions) Wealth Design Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 15/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Schroeder	7 Amount of Contribution (\$) \$4.80
	6 Contributor address; City; State; Zip Code Brenham, TX 77833-5067	
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Hutson	Amount of Contribution (\$) \$12.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109-5039	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Jim Hutson Agency, LLC
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey, Ussery	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Bellville, TX 77418-3822	
Principal occupation / Job title (See Instructions) Regional V.P.		Employer (See Instructions) John Hancock Life Insurance
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Brieden	Amount of Contribution (\$) \$6.80
	Contributor address; City; State; Zip Code Brenham, TX 77833-4916	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Denton	Amount of Contribution (\$) \$3.40
	Contributor address; City; State; Zip Code Amarillo, TX 79109-3534	
Principal occupation / Job title (See Instructions) Field_Representative		Employer (See Instructions) Northwestern Mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 16/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Rivard	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Dallas, TX 75214-2614		
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Borden Hamman Agency
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Still	Amount of Contribution (\$) \$6.80
Contributor address; City; State; Zip Code Nacogdoches, TX 75965-3586		
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Still Financial Group
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wheeler Jr.	Amount of Contribution (\$) \$168.00
Contributor address; City; State; Zip Code Montgomery, TX 77356-1798		
Principal occupation / Job title (See Instructions) Executive Senior Partner		Employer (See Instructions) Totus Wealth Management LLC
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon, Sharp	Amount of Contribution (\$) \$3.40
Contributor address; City; State; Zip Code Victoria, TX 77904-3392		
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) National Life
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Kerr	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Hutto, TX 78634-2143		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Kerr Financial Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 17/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, TRUE <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3188	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) NAIFA - Dallas
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken, Quach <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-2505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent/Broker		Employer (See Instructions) Ken Quach Insurance Agency
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Haworth <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79159-0265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Haworth Company
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Boozer <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-8008	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Vice President - Marketing		Employer (See Instructions) Don Boozer & Assoc.
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannie, Jackson <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Jackson Benefits Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 18/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Pinckard	7 Amount of Contribution (\$) \$22.80
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76135-4424	
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) LP Insurance and Financial Services
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Goss	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641-3802	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Linda Goss
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel, Gonzalez	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code El Paso, TX 79935-3507	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Warren	Amount of Contribution (\$) \$84.00
	Contributor address; City; State; Zip Code Plainview, TX 79073-0626	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Retired
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Spreen	Amount of Contribution (\$) \$20.80
	Contributor address; City; State; Zip Code Brenham, TX 77833-7708	
Principal occupation / Job title (See Instructions) Financial Associate		Employer (See Instructions) Thrivent Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 19/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Evans	7 Amount of Contribution (\$) \$18.00
6 Contributor address; City; State; Zip Code Coppell, TX 75019-3404		
8 Principal occupation / Job title (See Instructions) Brokerage Sales Manager		9 Employer (See Instructions) The DI Center
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Wilder	Amount of Contribution (\$) \$3.40
Contributor address; City; State; Zip Code Plano, TX 75024-6324		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Shamrock Group
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando, Barrera	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2634		
Principal occupation / Job title (See Instructions) Agency_Owner		Employer (See Instructions) Roland Barrera Insurance
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald, Botello	Amount of Contribution (\$) \$16.00
Contributor address; City; State; Zip Code San Antonio, TX 78248-2102		
Principal occupation / Job title (See Instructions) Investment Advisor Representative		Employer (See Instructions) Platinum Wealth Solutions of Texas
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronny, Bryant	Amount of Contribution (\$) \$6.80
Contributor address; City; State; Zip Code Abilene, TX 79602-6105		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Perry Hunter Hall

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 20/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Shannon <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077-1859	7 Amount of Contribution (\$) \$34.00
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) RUTH SHANNON STATE FARM
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Ward <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7347	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Ward Agency
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Ehlers <hr/> Contributor address; City; State; Zip Code Brookshire, TX 77423-1507	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Agent/Broker		Employer (See Instructions) 3 Mark Financial
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) NAIFA-Pineywoods of East Texas
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Mahony <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76132-1518	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TMA Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 21/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Roels <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Marketing Group
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Miller <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-6239	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) TMiller Financial
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Henly <hr/> Contributor address; City; State; Zip Code San Augustine, TX 75972-1324	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Henly Insurance
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes, Wessel <hr/> Contributor address; City; State; Zip Code Willis, TX 77318-6431	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) General Agent		Employer (See Instructions) National Life
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Montague <hr/> Contributor address; City; State; Zip Code Garland, TX 75044-3531	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) National Life

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 22/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Splawn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077-5513	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Splawn & Associates
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuka, Nakahara-Goven <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-4852	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/3 Rpt: 23/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Corporation / Labor Organization name Annie <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78413-4825	7 Amount of contribution (\$) \$6.00
Date 08/10/2024	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code Elkhart, TX 75839-5116	Amount of contribution (\$) \$6.80
Date 08/10/2024	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code Decatur, TX 76234-1373	Amount of contribution (\$) \$16.80
Date 08/10/2024	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code Plano, TX 75075-7729	Amount of contribution (\$) \$6.80
Date 08/10/2024	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code Tomball, TX 77377-8649	Amount of contribution (\$) \$4.00
Date 08/10/2024	Corporation / Labor Organization name James <hr/> Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79106-2525	Amount of contribution (\$) \$33.60
Date 08/10/2024	Corporation / Labor Organization name Jason <hr/> Corporation / Labor Organization address; City; State; Zip Code Floresville, TX 78114-0576	Amount of contribution (\$) \$84.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/3 Rpt: 24/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Corporation / Labor Organization name Jim 6 Corporation / Labor Organization address; City; State; Zip Code Eastland, TX 76448-0895	7 Amount of contribution (\$) \$6.80
Date 08/10/2024	Corporation / Labor Organization name Joe Corporation / Labor Organization address; City; State; Zip Code Fort Worth, TX 76116-1620	Amount of contribution (\$) \$3.40
Date 08/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-8716	Amount of contribution (\$) \$10.00
Date 08/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	Amount of contribution (\$) \$100.00
Date 08/10/2024	Corporation / Labor Organization name Kenny Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79119-6438	Amount of contribution (\$) \$4.00
Date 08/10/2024	Corporation / Labor Organization name Lilia Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$6.80
Date 08/10/2024	Corporation / Labor Organization name Michael Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78270-1307	Amount of contribution (\$) \$10.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/3 Rpt: 25/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/10/2024	5 Corporation / Labor Organization name Michael	7 Amount of contribution (\$) \$6.80
	6 Corporation / Labor Organization address; City; State; Zip Code HEATH, TX 75032-5998	
Date 08/10/2024	Corporation / Labor Organization name Peter	Amount of contribution (\$) \$10.00
	Corporation / Labor Organization address; City; State; Zip Code Spring, TX 77379-5078	
Date 08/10/2024	Corporation / Labor Organization name Raymond	Amount of contribution (\$) \$8.00
	Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	
Date 08/10/2024	Corporation / Labor Organization name Rodney	Amount of contribution (\$) \$20.00
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78732-2453	
Date 08/10/2024	Corporation / Labor Organization name Vincente	Amount of contribution (\$) \$10.00
	Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79118-9390	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME National Association of Insurance and Financial	3 Filer ID (Ethics Commission Filers) 00015644
4 Date 08/05/2024	5 Payee name NAIFA-Texas	
6 Amount (\$) 2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Admin Fee to manage PAC
Date 08/05/2024	Payee name NAIFA-Texas	
Amount (\$) 2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Admin Fee to manage PAC