

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00042577	2 Total pages filed: 94
3 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 09/30/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 312 North Avenue East, Suite 5 Cranford, NJ 07016		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Scott	
	NICKNAME	LAST	SUFFIX
		Long	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1715 Greenway Village Drive Katy, TX 77494		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1715 Greenway Village Drive Katy, TX 77494		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	457-1472	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC	13 Filer ID (Ethics Commission Filers) 00042577
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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.)	

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)	\$ 6,909.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 46,036.57
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.

Scott Long

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 - GPAC

17 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		18 Filer ID (Ethics Commission Filers) 00042577
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,909.40
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,514.94
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5,750.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/70 Rpt: 4/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Employee Benefits Consultant		9 Employer (See Instructions) Texas Benefit Alliance
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Employee Benefits Consultant		Employer (See Instructions) Texas Benefit Alliance
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Employee Benefits Consultant		Employer (See Instructions) Texas Benefit Alliance
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/70 Rpt: 5/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Schertz, TX 78154		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) TASC
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78279		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/70 Rpt: 6/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code San Antonio, TX 78279	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Wortham Insurance
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78279	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashmore, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Rockwall, TX 75088	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/70 Rpt: 7/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Rockwall, TX 75089	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) K&S Insurance Agency
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Wendy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Rockwall, TX 75088	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) K&S Insurance Agency
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, Miguel Angel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Peter Jaramillo Ins. Services
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, Miguel Angel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Peter Jaramillo Ins. Services
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Leo	Amount of Contribution (\$) \$51.99
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/70 Rpt: 8/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/70 Rpt: 9/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) UHC
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code Bullard, TX 75789	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code Bullard, TX 75789	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code Bullard, TX 75789	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/70 Rpt: 10/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Bullard, TX 75757	
8 Principal occupation / Job title (See Instructions) Broker/President		9 Employer (See Instructions) Customized Employee Benefit Plans
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tyler, TX 75703-3001	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tyler, TX 75703-3001	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tyler, TX 75703-3001	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/70 Rpt: 11/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> 6 Contributor address; City; State; Zip Code Huffman, TX 77336	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Chambers Marketing Concepts
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> Contributor address; City; State; Zip Code Huffman, TX 77336	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Chambers Marketing Concepts
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> Contributor address; City; State; Zip Code Huffman, TX 77336	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Chambers Marketing Concepts
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/70 Rpt: 12/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77080		
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie	Amount of Contribution (\$) \$13.75
Contributor address; City; State; Zip Code Houston, TX 77027		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/70 Rpt: 13/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie	7 Amount of Contribution (\$) \$13.75
6 Contributor address; City; State; Zip Code Houston, TX 77027		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie	Amount of Contribution (\$) \$13.75
Contributor address; City; State; Zip Code Houston, TX 77027		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Iowa Park, TX 76367		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/70 Rpt: 14/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> 6 Contributor address; City; State; Zip Code Iowa Park, TX 76367	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Financial Partners
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry1, Cherrie <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Isha <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/70 Rpt: 15/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) The Buffum Group
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/70 Rpt: 16/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75081	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/70 Rpt: 17/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald <hr/> Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald <hr/> Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald <hr/> Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code Mcallen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/70 Rpt: 18/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Account Manager		9 Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/70 Rpt: 19/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78024	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Healthcare
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> Contributor address; City; State; Zip Code Helotes, TX 78024	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> Contributor address; City; State; Zip Code Helotes, TX 78024	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/70 Rpt: 20/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Caprock
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$12.86
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Senior Health Professionals

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/70 Rpt: 21/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	7 Amount of Contribution (\$) \$12.86
6 Contributor address; City; State; Zip Code Austin, TX 78717		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Senior Health Professionals
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	Amount of Contribution (\$) \$12.86
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Senior Health Professionals
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76310		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76310		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76310		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/70 Rpt: 22/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77521	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Major Medical
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/70 Rpt: 23/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> 6 Contributor address; City; State; Zip Code Eagles Pass, TX 78852	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DePaoli, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) De Paoli Professional Services
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Keetch & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/70 Rpt: 24/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78628		
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) AJ Benefit Advisors
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) AJ Benefit Advisors
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) AJ Benefit Advisors
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eller, Darla	Amount of Contribution (\$) \$154.97
Contributor address; City; State; Zip Code Lubbock, TX 79416		
Principal occupation / Job title (See Instructions) Sr. Client Manager		Employer (See Instructions) Arthur J Gallagher & Co.
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Portland, TX 78374		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/70 Rpt: 25/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Humana
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/70 Rpt: 26/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Keller, TX 76248	
8 Principal occupation / Job title (See Instructions) chief Growth officer		9 Employer (See Instructions) Exchange Broker Certifications
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Keller, TX 76248	
Principal occupation / Job title (See Instructions) chief Growth officer		Employer (See Instructions) Exchange Broker Certifications
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/70 Rpt: 27/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76301		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garfias, Elisa	Amount of Contribution (\$) \$13.37
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) United Healthcare
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garfias, Elisa	Amount of Contribution (\$) \$13.37
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/70 Rpt: 28/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garfias, Elisa	7 Amount of Contribution (\$) \$13.37
6 Contributor address; City; State; Zip Code Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) United Healthcare
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra	Amount of Contribution (\$) \$18.75
Contributor address; City; State; Zip Code Grapevine, TX 76051		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Innovative Insurance Solutions
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Harlingen, TX 78550		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Harlingen, TX 78550		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Harlingen, TX 78550		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/70 Rpt: 29/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code League City, TX 77573		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Today's Benefit Solutions
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/70 Rpt: 30/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Healthcare
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/70 Rpt: 31/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Chief Compliance Officer		9 Employer (See Instructions) Infinitus
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne <hr/> Contributor address; City; State; Zip Code Plano, TX 78025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/70 Rpt: 32/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 78025	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Special Insurance Services
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grogan, Wayne <hr/> Contributor address; City; State; Zip Code Plano, TX 78025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Special Insurance Services
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/70 Rpt: 33/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Health Insurance Broker		9 Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/70 Rpt: 34/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Polly Harris Insurance Agency
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77487	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/70 Rpt: 35/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77488	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hoffman Insurance Group
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77487	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/70 Rpt: 36/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Healthcare
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/70 Rpt: 37/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Healthcare
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sandra	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/70 Rpt: 38/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Ameritas
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkhart, Taylor <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/70 Rpt: 39/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	7 Amount of Contribution (\$) \$6.25
6 Contributor address; City; State; Zip Code Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) JBird Insurance Group
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) JBird Insurance Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/70 Rpt: 40/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) JBird Insurance Group
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Gary <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/70 Rpt: 41/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Gary <hr/> 6 Contributor address; City; State; Zip Code Rosharon, TX 77583	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Producer Sales Consultant		9 Employer (See Instructions) BCBS-TX
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Gary <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Producer Sales Consultant		Employer (See Instructions) BCBS-TX
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/70 Rpt: 42/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/70 Rpt: 43/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Melissa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-2252	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Aetna TX
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Luker Insurance Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/70 Rpt: 44/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Luker Insurance Strategies
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Luker Insurance Strategies
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/70 Rpt: 45/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) Carlisle Insurance
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <hr/> Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$27.53
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/70 Rpt: 46/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven	7 Amount of Contribution (\$) \$27.53
6 Contributor address; City; State; Zip Code Centennial, TX 80112		
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Colorado Benefit Advisors
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven	Amount of Contribution (\$) \$27.53
Contributor address; City; State; Zip Code Centennial, TX 80112		
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Tyler, TX 75701		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/70 Rpt: 47/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) TexCap Insurance
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/70 Rpt: 48/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> 6 Contributor address; City; State; Zip Code Fritch, TX 79036	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieswiadomy, Meredith <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Benefit Sales Executive		Employer (See Instructions) BenefitMall
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieswiadomy, Meredith <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Benefit Sales Executive		Employer (See Instructions) BenefitMall
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) OneDigital
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) OneDigital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/70 Rpt: 49/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie	7 Amount of Contribution (\$) \$6.25
6 Contributor address; City; State; Zip Code Spring, TX 77388		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) OneDigital
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78403		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78403		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	Amount of Contribution (\$) \$6.25
Contributor address; City; State; Zip Code Corpus Christi, TX 78403		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Dallas, TX 75251		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/70 Rpt: 50/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Dallas, TX 75251		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Holmes Murphy & Associates
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Dallas, TX 75251		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Corpus Christi, TX 78451		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Corpus Christi, TX 78451		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Corpus Christi, TX 78451		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/70 Rpt: 51/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Austin, TX 78730		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78730		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78730		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/70 Rpt: 52/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Dallas, TX 75219	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Sun Life Financial
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Mckinney, TX 75071	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/70 Rpt: 53/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid <hr/> 6 Contributor address; City; State; Zip Code Mckinney, TX 75071	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) fresh benies
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75071	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/70 Rpt: 54/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Murphy, TX 75094		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Murphy, TX 75094		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Murphy, TX 75094		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Houghton Financial Partners
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Houghton Financial Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/70 Rpt: 55/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code El Paso, TX 79912		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Houghton Financial Partners
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code McAllen, TX 78501		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77040		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/70 Rpt: 56/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77040		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Newkirk & Newkirk
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77040		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Fort Worth, TX 76108		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Fort Worth, TX 76108		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Fort Worth, TX 76108		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/70 Rpt: 57/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/70 Rpt: 58/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Allen, TX 75013		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) TexCap Insurance Services
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Veronica	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code Kingwood, TX 77339		
Principal occupation / Job title (See Instructions) Business Advisor		Employer (See Instructions) G & A Partners
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Veronica	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code Kingwood, TX 77339		
Principal occupation / Job title (See Instructions) Business Advisor		Employer (See Instructions) G & A Partners
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Veronica	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code Kingwood, TX 77339		
Principal occupation / Job title (See Instructions) Business Advisor		Employer (See Instructions) G & A Partners
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Matt	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kingwood, TX 77345		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ETC Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/70 Rpt: 59/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Healthcare
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/70 Rpt: 60/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) The Insurance Exchange
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/70 Rpt: 61/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75057	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) The Brokerage, Inc.
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/70 Rpt: 62/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Splawn & Associates
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/70 Rpt: 63/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene	7 Amount of Contribution (\$) \$7.50
6 Contributor address; City; State; Zip Code Austin, TX 78738		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Stair & Associates LLC
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Deer Park, TX 77536		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/70 Rpt: 64/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/70 Rpt: 65/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code Arlington, TX 76007	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/70 Rpt: 66/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Vogue Insurance
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/70 Rpt: 67/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Lubbock, TX 79464		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Lubbock, TX 79464		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/70 Rpt: 68/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/70 Rpt: 69/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Garland, TX 75042		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Victoria	Amount of Contribution (\$) \$154.97
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Blue Cross Blue Shield of TX
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/70 Rpt: 70/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 79721	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Nexus Insurance Marketing
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 79721	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code Austin, TX 79721	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/70 Rpt: 71/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Houston, TX 77041		
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) Kilpatrick Companies
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jessica	Amount of Contribution (\$) \$309.43
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Frost Insurance Agency

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/70 Rpt: 72/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Protect Plans
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild, Trei <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Plans
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willams, Brietta <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Hartman Insurance Services
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willams, Brietta <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Hartman Insurance Services

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/70 Rpt: 73/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brietta <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Hartman Insurance Services
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 74/94

2 FILER NAME
National Association of Benefit and Insurance Professionals - Texas PAC

3 Filer ID (Ethics Commission Filers)
00042577

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 75/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		19 Amount Guaranteed (\$)
21 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 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.

1 Total pages Schedule F1: Sch: 1/12 Rpt: 76/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Angie Chen Button Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 832748 Richardson, TX 75083
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Ann Johnson for Texas
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 56386 Houston, TX 77256
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Brent Hagenbuch Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 Shoreline Drive #310 Denton, TX 76210
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 2/12 Rpt: 77/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Briscoe Cain Campaign
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 7 Deer Park, TX 77536
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Bryan Hughes for Texas Senate
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450 Mineola, TX 75773
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Caroline Harris Davila for State Representative
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 700 Round Rock, TX 78680
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 3/12 Rpt: 78/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/16/2024	5 Payee name Cassandra Hernandez for Texas	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 1289 Addison, TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Cesar Blanco Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 27074 El Paso, TX 79926	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Charles Perry Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 94806 Lubbock, TX 79493	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1: Sch: 4/12 Rpt: 79/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Chris Turner Campaign
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 182093 Arlington, TX 76096
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Christian Manuel Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3801 Turtle Creek Dr Port Arthur, TX 77642
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Dade Phelan Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 848 Nederland, TX 77627
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 5/12 Rpt: 80/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/16/2024	5 Payee name Dennis Paul Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 626 1/2 Barringer Ln, suite a Webster, TX 77598	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Donna Howard Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 5375 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Dustin Burrows Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 81/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Eddie Morales for Texas State Representative
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 352 Hillcrest Blvd. Eagle Pass, TX 78852
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Jeff Barry Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4418 Broadways St. Pearland, TX 77581
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/16/2024	Payee name Jeff Leach Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 866186 Plano, TX 75086
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 7/12 Rpt: 82/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name John Bucy Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6633 Hwy 290 E. Ste. 104 Austin, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name John McQueeney Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 100458 Fort Worth, TX 76185
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Lacy Hull For Texas
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 19231 Houston, TX 77224
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 8/12 Rpt: 83/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Lois W. Kolkhorst Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2546 Brenham, TX 77834
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Mary Ann Perez campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6200 Gulf Fwy #125 Houston, TX 77023
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Molly for Texas
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code O Box 667238 Houston, TX 77266
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 9/12 Rpt: 84/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Morgan LaMantia for State Senate Committee
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1324 E. Madison Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Nathan Johnson Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 670994 Dallas, TX 75367
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Phil King Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1913 Weatherford, TX 76086
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 10/12 Rpt: 85/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Philip Cortez Campaign
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Ramon Romero Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 181 Fort Worth, TX 76101
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Rep Tan Parker
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 271741 Flower Mound, TX 75027
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 86/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
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4 Date 09/16/2024	5 Payee name Sam Harless Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 15814 Champion Forest PMB 312 Spring, TX 77379
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Texans for Kelly Hancock
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 821349 NORTH RICHLAND HILLS, TX 76182
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Todd Hunter Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 CAPE HENRY Corpus Christi, TX 78412
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 12/12 Rpt: 87/94	2 FILER NAME National Association of Benefit and Insurance Professionals	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/16/2024	5 Payee name Tom Oliverson Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 Greenway Plaza, #225 Houston, TX 77046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Toni Rose Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 41867 Dallas, TX 75241	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Trey Wharton for texas	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1242 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/13/2024	5 Payee name Intuit - Quickbooks	
6 Amount (\$) 645.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94053	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quickbooks
Date 07/22/2024	Payee name Jaffe Communications	
Amount (\$) 600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 312 North Avenue East, Suite 5 Cranford, NJ 07016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Management fees
Date 07/01/2024	Payee name Pay Pal	
Amount (\$) 167.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 1900 San Jose, CA 97136	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
Date 07/21/2024	Payee name Quickbook Payments	
Amount (\$) 32.34 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 07/22/2024	5 Payee name Quickbook Payments	
6 Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
Date 07/24/2024	Payee name Quickbook Payments	
Amount (\$) 0.88 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
Date 07/25/2024	Payee name Quickbook Payments	
Amount (\$) 0.89 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
Date 08/01/2024	Payee name Quickbook Payments	
Amount (\$) 0.26 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/4 Rpt:		2 FILER NAME National Association of Benefit and Insurance		3 Filer ID (Ethics Commission Filers) 00042577	
4 Date 08/20/2024		5 Payee name Quickbook Payments			
6 Amount (\$) 32.87 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Banking Fees	
Date 08/22/2024		Payee name Quickbook Payments			
Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Banking Fees	
Date 08/26/2024		Payee name Quickbook Payments			
Amount (\$) 1.02 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Banking Fees	
Date 08/27/2024		Payee name Quickbook Payments			
Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Banking Fees	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	5 Payee name Quickbook Payments	
6 Amount (\$) 32.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
Date 09/22/2024	Payee name Quickbook Payments	
Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
Date 09/26/2024	Payee name Quickbook Payments	
Amount (\$) 0.26 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/3 Rpt: 92/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/14/2024	5 Name of person from whom amount is received Aicha Davis Campaign	8 Amount (\$) \$250.00
	6 Address of person from whom amount is received; City; State; Zip Code DeSoto, TX 75115	
	7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/14/2024	Name of person from whom amount is received Charlie Geren Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/14/2024	Name of person from whom amount is received Christian Manuel Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Port Arthur, TX 77642	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/14/2024	Name of person from whom amount is received Dustin Burrows Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79408	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/14/2024	Name of person from whom amount is received Erin Zwiener Campaign	Amount (\$) \$250.00
	Address of person from whom amount is received; City; State; Zip Code Driftwood, TX 78619	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/3 Rpt: 93/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/14/2024	5 Name of person from whom amount is received Harold Dutton Campaign <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77026	8 Amount (\$) \$500.00
7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer		
Date 08/14/2024	Name of person from whom amount is received Jacey Jetton Campaign <hr/> Address of person from whom amount is received; City; State; Zip Code Richmond, TX 77469	Amount (\$) \$250.00
Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer		
Date 08/14/2024	Name of person from whom amount is received Leslie Robnett Campaign <hr/> Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76147	Amount (\$) \$750.00
Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer		
Date 08/14/2024	Name of person from whom amount is received Linda Garcia Campaign <hr/> Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76147	Amount (\$) \$250.00
Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer		
Date 08/14/2024	Name of person from whom amount is received Liz Campos Campaign <hr/> Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78210	Amount (\$) \$500.00
Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 94/94
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 08/14/2024	5 Name of person from whom amount is received Steve Allison Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78232	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/14/2024	Name of person from whom amount is received Travis Clardy Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Nacogdoches, TX 75961	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	