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

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
National Association	of Benefit and Insurance	Professionals - Texas PAC	00042577	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,909.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	19,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	46,036.57
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
L6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Scott	t Long	
			mpaign Treasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	nis 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
Signature of officer	administering batti	Timed hame of officer administrating cam	THIC OF OTHICE (aministering batti

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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17 CO	ММІТТІ	EE NAME	18 Filer ID	(Ethics Comn	nission Filers)
Nat	tional <i>A</i>	Association of Benefit and Insurance Professionals - Texas PAC	00042577		
		E SUBTOTALS SCHEDULE	•	SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,909.40
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	19,000.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,514.94
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	5,750.00

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/70 Rpt: 4/94	
2	FILER NAME National Ass	ociation of Benefit and Insuranc	e Professionals - Tex	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/01/2024	5 Full name of contributor Abbe, Jeanette6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Temple, TX 76502					
8		pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Employee Be	enefits Consultant		Texas Benefit Alliance			
	Date Full name of contributor out-of-state PAC (ID#:) 08/01/2024 Abbe, Jeanette Contributor address; City; State; Zip Code Temple, TX 76502			Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	, 		
	•	Employee Benefits Consultant Texas Benefit Alliance					
	Date Full name of contributor out-of-state PAC (ID#:) 09/01/2024 Abbe, Jeanette Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Temple, TX 76502			_		
		pation / Job title (See Instructions)		Employer (See Instructions Texas Benefit Alliance	5)		
		enefits Consultant		Texas benefit Affiance	_		
Date 07/22/2024		Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50
		Schertz, TX 78154 pation / Job title (See Instructions) gent		Employer (See Instructions	5)		
	Date 08/22/2024	Insurance Agent TASC Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance A	gent		TASC			

	MONET	ETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 2/70 Rpt: 5/94	
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Tex	kas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/22/2024	5 Full name of contributor Adams, Carla6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$12.50
_	Dringing age	Schertz, TX 78154	1,	_	Employer (See Instructions	<u></u>		
8	Insurance A	pation / Job title (See Instructions) gent	,	9	Employer (See Instructions TASC	s)		
	Date 07/20/2024	Full name of contributor Ahlquist, Neldia Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$12.50
		Lake Jackson, TX 77566				<u></u>		
	Principal occu Insurance	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor Ahlquist, Neldia Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$12.50
		Lake Jackson, TX 77566						
	Principal occu Insurance	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		
Date 09/20/2024		Full name of contributor out-of-state PAC (ID#:) Ahlquist, Neldia Contributor address; City; State; Zip Code Lake Jackson, TX 77566			•	Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		
	Date 07/07/2024	Full name of contributor Antongiovanni, Joanna Contributor address; City; Sta San Antonio, TX 78279	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)			Employer (See Instructions Wortham Insurance	5)		
	moditation A(g-v···						

	MONET	ARY POLITICAL C	CONTRIBUTION	NS 		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/70 Rpt: 6/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/07/2024	5 Full name of contributor Antongiovanni, Joanna6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78279					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	9	Employer (See Instructions Wortham Insurance	s)		
	Date 09/07/2024	Full name of contributor Antongiovanni, Joanna Contributor address; City; St)		Amount of Contribution (\$)	\$12.50
	Principal occu	San Antonio, TX 78279 pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Insurance Agent		Wortham Insurance				
	Date 07/20/2024	Full name of contributor Ashmore, Elizabeth Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Lubbock, TX 79423					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions	s)		
	Date 08/20/2024	Full name of contributor Ashmore, Elizabeth Contributor address; City; St Lubbock, TX 79423	out-of-state PAC (ID#:ate; Zip Code		-	Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions	s)		
	Date 07/20/2024	Full name of contributor Avery, Wendy Contributor address; City; St Rockwall, TX 75088	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	I pation / Job title (See Instructions gent	()	Employer (See Instructions K&S Insurance Agency	s)		
	•		<u> </u>	<u> </u>			

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULI	E A1	
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/70 Rpt: 7/94	
2	FILER NAME National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 08/20/2024	 Full name of contributor out-of-state PAC (ID#:_Avery, Wendy Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$12.50
8	Principal occu Insurance Aç	Packwall, TX 75089 pation / Job title (See Instructions) gent	Employer (See Instruction K&S Insurance Agency			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_Avery, Wendy Contributor address; City; State; Zip Code Rockwall, TX 75088			Amount of Contribution (\$)	\$12.50
	Principal occupation / Job title (See Instructions) Employer (See Instructions) R&S Insurance Agency					
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#:_ Avila, Miguel Angel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	Mission, TX 78572 pation / Job title (See Instructions)	Employer (See Instruction Peter Jaramillo Ins. Se	•	e s	
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Avila, Miguel Angel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	Mission, TX 78572 pation / Job title (See Instructions) gent	Employer (See Instruction Peter Jaramillo Ins. Se		es	
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_Barrera, Leo Contributor address; City; State; Zip Code Corpus Christi, TX 78413			Amount of Contribution (\$)	\$51.99
	Principal occu Broker	pation / Job title (See Instructions)	Employer (See Instruction Self	ıs)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 5/70 Rpt: 8/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 07/20/2024	5 Full name of contributor Barrera, Rolando6 Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00
8	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions) c		Employer (See Instructions	;) 		
ľ	Insurance A				Self	"		
	Date 08/20/2024	Full name of contributor Barrera, Rolando Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$125.00
		Corpus Christi, TX 78413				_		
	Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Self			Employer (See Instructions Self	s)			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:)			•	Amount of Contribution (\$)	\$125.00	
		Corpus Christi, TX 78413	, 1			Ĺ		
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	(1)		Employer (See Instructions Self	5)		
	Date 07/20/2024	Full name of contributor Bellman, Mark Contributor address; City; St Dallas, TX 75240	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions UHC	5)		
	Date 08/20/2024	Full name of contributor Bellman, Mark Contributor address; City; Si Dallas, TX 75240	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions UHC	5)		
			<u>'</u>					

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 6/70 Rpt: 9/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professio	onals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 09/20/2024	 Full name of contributor out-of-state Bellman, Mark Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Insurance Aç			UHC			
	Date 07/23/2024	Full name of contributor out-of-state Bentley, Beau Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Bullard, TX 75789					
		pation / Job title (See Instructions)		Employer (See Instructions CEBPET	S)		
Insurance Agent Date Full name of contributor out-of-state PAC (ID#:			CEBELI	Т	Amount of Contribution (\$)		
	08/23/2024	Bentley, Beau Contributor address; City; State; Zip Code	FAC (ID#		•	Amount of Contribution (\$)	\$12.50
		Bullard, TX 75789					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions	5)		
	Date 09/23/2024	Bentley, Beau	PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 07/20/2024	Full name of contributor out-of-state Bentley, Eugene Contributor address; City; State; Zip Code Bullard, TX 75757)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions		St. Disease	
	Broker/Presi	dent		Customized Employee I	Ber	nefit Plans	

	MONET	ARY POLITICAL	CONTRIBUTIO	JNS	SCHEDULE	A1
	The Instru	ction Guide explains ho	v to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/70 Rpt: 10/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	ance Professionals - Te	exas PAC	3 Filer ID (Ethics Commission F 00042577	-ilers)
4	Date 08/20/2024	5 Full name of contributor Bentley, Eugene6 Contributor address; City; S)	7 Amount of Contribution (\$)	\$50.00
Ĺ		Bullard, TX 75757		la = 1 (0 1 1 1 1		
8	Principal occu Broker/Presi		s)	Employer (See Instructions Customized Employee B	Benefit Plans	
	Date 09/20/2024	Full name of contributor Bentley, Eugene Contributor address; City; S Bullard, TX 75757)	Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Broker/President Employer (See Instructions) Customized Employer					
	Date 07/18/2024	Full name of contributor Blair, Mary Ann Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions Hilliard Box Insurance	[5)	
	Date 08/18/2024	Full name of contributor Blair, Mary Ann	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Ag	pation / Job title (See Instruction	s)	Employer (See Instructions Hilliard Box Insurance	I ;)	
	Date 09/18/2024	Full name of contributor Blair, Mary Ann Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instruction gent	s)	Employer (See Instructions Hilliard Box Insurance	5)	
				1		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.		l pages Schedule A1: : 8/70 Rpt: 11/94	
2	FILER NAME National Ass	ociation of Benefit and Insuran	ce Professionals - Texa	s PAC		ID (Ethics Commission 42577	r Filers)
4	Date 07/20/2024	5 Full name of contributor Blankenship, Dirk6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7 Amo	ount of Contribution (\$)	\$12.50
		Huffman, TX 77336	į				
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	9	Employer (See Instructions Chambers Marketing Co			
	Date 08/20/2024	Full name of contributor Blankenship, Dirk Contributor address; City; Sta			Amc	ount of Contribution (\$)	\$12.50
	Dringing aggr	Huffman, TX 77336		Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Insurance Agent			Chambers Marketing Co			
	Date 09/20/2024	Full name of contributor Blankenship, Dirk Contributor address; City; Sta)	Amc	ount of Contribution (\$)	\$12.50
		Huffman, TX 77336					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Chambers Marketing Co			
	Date 07/17/2024	Full name of contributor Block, Howard Contributor address; City; Sta	out-of-state PAC (ID#:		Amc	ount of Contribution (\$)	\$25.00
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/17/2024	Full name of contributor Block, Howard Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	Amo	ount of Contribution (\$)	\$25.00
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 9/70 Rpt: 12/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance	e Professionals - Texas	PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/17/2024	5 Full name of contributorBlock, Howard6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$25.00
	Dringing oggu	Houston, TX 77080	lo.	Employer (See Instructions			
8	Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/20/2024	Full name of contributor Bolden, Michael Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Odessa, TX 79761 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Insurance Agent			ALG Avery & Associates			
	Date 08/20/2024	Full name of contributor Bolden, Michael Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Odessa, TX 79761					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions ALG Avery & Associates			
Date 09/20/2024		Full name of contributor Bolden, Michael Contributor address; City; State; Odessa, TX 79761	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions ALG Avery & Associates			
	Date 07/19/2024	Full name of contributor Bonczek, Christie Contributor address; City; State; Houston, TX 77027	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.75
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	s)		
			<u>'</u>				

	MONET	ARY POLITICAL (CONTRIBUTIO	N 	<u>.</u>	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 10/70 Rpt: 13/94		
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)	
4	Date 08/19/2024	5 Full name of contributor Bonczek, Christie6 Contributor address; City; S	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$13.75	
		Houston, TX 77027		_					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	·)	9	Employer (See Instructions Self	s) 			
	Date 09/19/2024	Full name of contributor Bonczek, Christie Contributor address; City; S)	•	Amount of Contribution (\$)	\$13.75	
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)		Employer (See Instructions	;) 			
				Self	-,				
	Date 08/23/2024				Amount of Contribution (\$)	\$25.00			
		Coppell, TX 75019							
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Upshaw Insurance	5)			
	Date 09/23/2024	Full name of contributor Booth, Tonya Contributor address; City; S Coppell, TX 75019	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00	
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Upshaw Insurance	5)			
	Date 07/20/2024	Full name of contributor Bradberry1, Cherrie Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Financial Partners	5)			
	·								

	MONET	ARY POLITICAL CONTRIBUTION	NC	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 11/70 Rpt: 14/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - T	exa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/20/2024	 Full name of contributor out-of-state PAC (ID#: Bradberry1, Cherrie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	lowa Park, TX 76367 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Insurance Aç			Financial Partners	•		
	Date 09/20/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$12.50
	Dringing con	lowa Park, TX 76367	_	Employer (See Instructions	<u>,</u>		
	Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners	5)		
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#: Brooks, Isha Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.25
	Dringinal occu	wichita Falls, TX 76308 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Insurance A			Financial Partners	>)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions The Buffum Group	5)		
	daranoc		<u> </u>	o Sanam Group			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 12/70 Rpt: 15/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals -	Texa	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 08/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
0	Dringing occu	Round Rock, TX 78665	ام	Employer (See Instruction	<u></u>		
8	Insurance	pation / Job title (See Instructions)	9	Employer (See Instructions The Buffum Group	»)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (IE Buffum, Ronald Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Insurance	pation 7 oob title (occ mondellons)		The Buffum Group	,		
	Date 07/15/2024	Full name of contributor out-of-state PAC (IE Burgess, Robbi Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$12.50
		Austin, TX 78750					
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions UHC	5)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (IE Burgess, Robbi Contributor address; City; State; Zip Code Austin, TX 78750)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions UHC	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (IE Burgess, Robbi Contributor address; City; State; Zip Code Austin, TX 78750				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions UHC	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 13/70 Rpt: 16/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance	e Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributorBurkholder, Karen6 Contributor address; City; State			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Richardson, TX 75081 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Insurance Aç	gent		Self			
	Date 08/20/2024	Full name of contributor Burkholder, Karen Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
		Richardson, TX 75081		- 1 (2) ;	<u></u>		
	Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:		Levit of otate DAC (ID)	,	<u> </u>	Amount of Contribution (\$)	
	09/20/2024	Burkholder, Karen Contributor address; City; State				, and an extra control of the contro	\$12.50
		Richardson, TX 75081					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 07/20/2024	Full name of contributor Butler, Allison Contributor address; City; State Amarillo, TX 79109				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	<u> </u> 5)		
	Date 08/20/2024	Full name of contributor Butler, Allison Contributor address; City; State Amarillo, TX 79109	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 14/70 Rpt: 17/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professiona	ıls - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 09/20/2024	 Full name of contributor out-of-state PAC Butler, Allison Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu Insurance Aç	Amarillo, TX 79109 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> S)		
	Date 07/20/2024	Full name of contributor out-of-state PAC)		Amount of Contribution (\$)	\$13.00
	Principal occu Marketing Di	pation / Job title (See Instructions)		Employer (See Instructions Kansas City Life	<u> </u> 		
	Date 08/20/2024	Full name of contributor out-of-state PAC Byrd, Ronald Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$13.00
	Principal occu Marketing Di	Donna, TX 78537 pation / Job title (See Instructions)		Employer (See Instructions Kansas City Life	<u> </u> S)		
	Date 09/20/2024	Full name of contributor out-of-state PAC)		Amount of Contribution (\$)	\$13.00
	Principal occu Marketing Di	Donna, TX 78537 pation / Job title (See Instructions) rector		Employer (See Instructions Kansas City Life	<u> </u> s)		
	Date 07/20/2024	Full name of contributor out-of-state PAC)		Amount of Contribution (\$)	\$12.50
	Principal occu Account Mar	pation / Job title (See Instructions) nager		Employer (See Instructions Higginbotham Ins Agen		Inc.	
			•				

	MONEI	ARY POLITICAL CONTI	RIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 15/70 Rpt: 18/94	
2	FILER NAME			5.0	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insurance Profe		S PAC		00042577	
4	Date 08/20/2024	Castillo, Iris	state PAC (ID#: ode)	7	Amount of Contribution (\$)	\$12.50
		Mcallen, TX 78501					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Account Mar	nager		Higginbotham Ins Agend	су,	Inc.	
	Date 09/20/2024	Full name of contributor out-of- Castillo, Iris Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Mcallen, TX 78501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Account Mar	Account Manager		Higginbotham Ins Agend	су,	Inc.	
	Date 07/20/2024	Full name of contributor out-of-Christensen, Elizabeth Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Weatherford, TX 76087	•				
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		United Senior Services			
	Date 08/20/2024	Full name of contributor out-of-Christensen, Elizabeth Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Senior Services	s)		
	Date 09/20/2024	Full name of contributor out-of- Christensen, Elizabeth Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A			United Senior Services			
			'				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 16/70 Rpt: 19/94	
2	FILER NAME National Ass	ociation of Benefit and Insuranc	e Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 07/20/2024	5 Full name of contributor Clingan, Nedra6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Helotes, TX 78024 pation / Job title (See Instructions)	l q	Employer (See Instructions	:) 		
Ü	Insurance A			United Healthcare	')		
	Date 08/20/2024	Full name of contributor Clingan, Nedra Contributor address; City; State				Amount of Contribution (\$)	\$12.50
		Helotes, TX 78024					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Healthcare	5)		
	Date 09/20/2024	Full name of contributor Clingan, Nedra Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$12.50
		Helotes, TX 78024					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Healthcare	s)		
	Date 07/07/2024	Full name of contributor Cochran, Stacy Contributor address; City; State Roanoke, TX 76262				Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock	5)		
	Date 07/11/2024	Full name of contributor Cochran, Stacy Contributor address; City; State Roanoke, TX 76262	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock	s)		
			'				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 17/70 Rpt: 20/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Pro	fessionals - Texa:	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 08/07/2024	Cochran, Stacy	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
•	Insurance A			Caprock	-,		
	Date 08/11/2024	Full name of contributor out-o Cochran, Stacy Contributor address; City; State; Zip C)	•	Amount of Contribution (\$)	\$12.50
	Principal occur	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Insurance Aç			Caprock	P)		
	Date 09/07/2024	Full name of contributor out-o Cochran, Stacy Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Roanoke, TX 76262					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock	5)		
	Date 09/11/2024	Cochran, Stacy			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock	<u>s)</u>		
	Date 07/10/2024	Coles, Andrea	f-state PAC (ID#:)		Amount of Contribution (\$)	\$12.86
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Senior Health Professio		s	
		y		23 17000310		-	

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS	SCHEDULE A	A1
	The Instru	ction Guide explains how to	complete this forr	m.	1 Total pages Schedule A1: Sch: 18/70 Rpt: 21/94	
2	FILER NAME National Ass	sociation of Benefit and Insurance	e Professionals - Texa	s PAC	3 Filer ID (Ethics Commission Fil 00042577	lers)
4	Date 08/10/2024	Full name of contributorColes, AndreaContributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7 Amount of Contribution (\$)	\$12.86
8	Dringinal occu	Austin, TX 78717 upation / Job title (See Instructions)		Employer (See Instructions		
0	Insurance A			Senior Health Profession		
	Date 09/10/2024	Full name of contributor Coles, Andrea Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$)	\$12.86
	Principal occu	Austin, TX 78717 upation / Job title (See Instructions)		Employer (See Instructions	2)	
	Insurance A			Senior Health Profession		
	Date 07/20/2024	Full name of contributor Cook, David Contributor address; City; State	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
		Wichita Falls, TX 76310				
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners		
	Date 08/20/2024	Full name of contributor Cook, David Contributor address; City; State Wichita Falls, TX 76310	out-of-state PAC (ID#:e; Zip Code		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners	5)	
	Date 09/20/2024	Full name of contributor Cook, David Contributor address; City; State Wichita Falls, TX 76310	out-of-state PAC (ID#:e; Zip Code		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners	()	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 19/70 Rpt: 22/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	S PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Cottar, Tom6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Baytown, TX 77521						
8	Principal occu Insurance Sa	pation / Job title (See Instructions ales	s)		Employer (See Instructions United Major Medical	5)		
	Date 08/20/2024	Full name of contributor Cottar, Tom Contributor address; City; S)		Amount of Contribution (\$)	\$25.00
	Principal occu	Baytown, TX 77521 pation / Job title (See Instructions	2)		Employer (See Instructions	:, 		
	Insurance Sa		5)		United Major Medical	·)		
	Date 09/20/2024	Full name of contributor Cottar, Tom Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Baytown, TX 77521						
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	s)		Employer (See Instructions United Major Medical	5)		
	Date 07/20/2024	Full name of contributor DeLeon, Rachelle Contributor address; City; S Eagles Pass, TX 78852	out-of-state PAC (ID#: tate; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	s)		Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor DeLeon, Rachelle Contributor address; City; S Eagles Pass, TX 78852	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	5)		Employer (See Instructions Self	5)		
			'					

	MONET	ARY POLITICAL (CONTRIBUTIO)N	<u>.</u>		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 20/70 Rpt: 23/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/20/2024	5 Full name of contributorDeLeon, Rachelle6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$25.00
		Eagles Pass, TX 78852						
8	Principal occu Insurance Sa	pation / Job title (See Instructions ales)	9	Employer (See Instructions Self	s) 		
	Date 07/20/2024	Full name of contributor DePaoli, Allison Contributor address; City; St)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	San Antonio, TX 78250 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Insurance Aç	gent			De Paoli Professional S	erv	ices	
	Date 08/20/2024	Full name of contributor DePaoli, Allison Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78250						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions De Paoli Professional S		ices	
	Date 09/20/2024	Full name of contributor DePaoli, Allison Contributor address; City; St San Antonio, TX 78250	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions De Paoli Professional S	•	ices	
	Date 09/16/2024	Full name of contributor Delucia, Tiffany Contributor address; City; St Corpus Christi, TX 78463					Amount of Contribution (\$)	\$20.00
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Keetch & Associates	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 21/70 Rpt: 24/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - T	exa	as PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 07/01/2024	 Full name of contributor out-of-state PAC (ID#: Dettman, James Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Broker	,		AJ Benefit Advisors	,		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: Dettman, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628					
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions AJ Benefit Advisors	s)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#: Dettman, James Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628	_				
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions AJ Benefit Advisors	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Eller, Darla Contributor address; City; State; Zip Code Lubbock, TX 79416)		Amount of Contribution (\$)	\$154.97
	Principal occu Sr. Client Ma	pation / Job title (See Instructions) unager		Employer (See Instructions Arthur J Gallagher & Co			
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#: Elliott-Harmon, Patti Contributor address; City; State; Zip Code Portland, TX 78374				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Humana	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 22/70 Rpt: 25/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals	- Texa	as PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 08/05/2024	 Full name of contributor out-of-state PAC (Elliott-Harmon, Patti Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Portland, TX 78374 pation / Job title (See Instructions)	9	Employer (See Instructions	 - S)		
	Insurance Ag	gent		Humana			
	Date 09/05/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$12.50
	Dringing	Portland, TX 78374		Fanalassas (Canalanatassatiana	<u></u>		
	Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Humana	5)		
	Date Full name of contributor out-of-state PAC (ID#		'ID#:	Tumana	Т	Amount of Contribution (\$)	
	07/20/2024	Evans, Mike Contributor address; City; State; Zip Code			•	y uncome of containment (c)	\$12.50
		Coppell, TX 75019					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (Evans, Mike Contributor address; City; State; Zip Code Coppell, TX 75019)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (Evans, Mike Contributor address; City; State; Zip Code Coppell, TX 75019)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
			,				

The Instruction Guide explains how to com	1 Total pages Schedule A1:
	Sch: 23/70 Rpt: 26/94
2 FILER NAME National Association of Benefit and Insurance Profe	3 Filer ID (Ethics Commission Filers) sionals - Texas PAC 00042577
08/01/2024 Everhart, Kylie	ate PAC (ID#:) 7 Amount of Contribution (\$) \$12
Keller, TX 76248	
Principal occupation / Job title (See Instructions) chief Growth officer	9 Employer (See Instructions) Eventual Residual Contifications
Chief Growth officer	Exchange Broker Certifications
Date Full name of contributor out-of- 09/01/2024 Everhart, Kylie Contributor address; City; State; Zip C	ate PAC (ID#:) Amount of Contribution (\$) \$12
Keller, TX 76248	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
chief Growth officer	Exchange Broker Certifications
Date Full name of contributor out-of- 07/20/2024 Ford, Holley Contributor address; City; State; Zip C	ate PAC (ID#:) Amount of Contribution (\$) \$12
Austin, TX 78738	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Insurance Agent	Humana
08/20/2024 Ford, Holley	ate PAC (ID#:) Amount of Contribution (\$) \$12
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Insurance Agent	Humana
09/20/2024 Ford, Holley	ate PAC (ID#:) Amount of Contribution (\$) \$12
Austin, TX 78738 Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Insurance Agent	Humana

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1	
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 24/70 Rpt: 27/94		
2	FILER NAME National Ass	ociation of Benefit and Insurance Profess	sionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)	
4	Date 07/20/2024	 Full name of contributor out-of-star out-of-st)	7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Wichita Falls, TX 76301 pation / Job title (See Instructions)	9	Employer (See Instructions	 			
	Insurance Aç	gent		Self				
	Date 08/20/2024	Fristoe, Kelly)		Amount of Contribution (\$)	\$25.00	
		Wichita Falls, TX 76301						
		pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Insurance Agent			Self	_			
	Date 09/20/2024	Full name of contributor out-of-sta Fristoe, Kelly Contributor address; City; State; Zip Code	te PAC (ID#:		•	Amount of Contribution (\$)	\$25.00	
		Wichita Falls, TX 76301						
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	r (See Instructions)			
	Date 07/01/2024	Garfias, Elisa)	•	Amount of Contribution (\$)	\$13.37	
	Principal occu Account Exe	pation / Job title (See Instructions) cutive		Employer (See Instructions United Healthcare	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/01/2024 Garfias, Elisa Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$13.37			
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Account Exe	culive		United Healthcare				

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 25/70 Rpt: 28/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 09/01/2024	5 Full name of contributor Garfias, Elisa6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$13.37
		Richardson, TX 75080	. 1-				
8	Principal occu Account Exe	pation / Job title (See Instructions cutive	9	Employer (See Instr United Healthcare			
	Date 08/20/2024	Full name of contributor Gilbert, Debra Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$18.75
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions	s)	Employer (See Instr	uctions)		
	Insurance Aç	gent		Innovative Insurar	nce Solu	tions	
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:) Gonzales, Theresa Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50
		Harlingen, TX 78550					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instr Ameritas	uctions)		
	Date 08/22/2024	Full name of contributor Gonzales, Theresa Contributor address; City; Si Harlingen, TX 78550	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instr Ameritas	uctions)		
	Date 09/22/2024	Full name of contributor Gonzales, Theresa Contributor address; City; Si Harlingen, TX 78550	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instr Ameritas	uctions)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/70 Rpt: 29/94	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	(as PAC		00042577	
4	Date 07/10/2024	 Full name of contributor Gonzalez-Luna, Veronica Contributor address; City; St 			7	Amount of Contribution (\$)	\$10.00
		League City, TX 77573					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Insurance Aç	gent		Today's Benefit Solution	าร		
	Date 08/10/2024	Full name of contributor Gonzalez-Luna, Veronica Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
		League City, TX 77573	<u>, </u>				
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Insurance Agent			Today's Benefit Solution	าร		
	Date 09/10/2024	Full name of contributor Gonzalez-Luna, Veronica Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
		League City, TX 77573					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Insurance Aç	gent		Today's Benefit Solution	าร		
	Date Full name of contributor out-of-state PAC (ID#:_07/02/2024 Goodman, Cynthia Contributor address; City; State; Zip Code Richardson, TX 75080)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions United Healthcare	5)		
	Date 08/02/2024					Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	8)	Employer (See Instructions	5)		
	Insurance Aç	gent		United Healthcare			

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 27/70 Rpt: 30/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/02/2024	5 Full name of contributorGoodman, Cynthia6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$)	\$12.50
		Richardson, TX 75080						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	S) S	9	Employer (See Instructions United Healthcare	5)		
	Date 07/20/2024	Full name of contributor Gracia, Hector Contributor address; City; St)		Amount of Contribution (\$)	\$12.50
_		Pharr, TX 78577 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Agent Date Full name of contributor out-of-state PAC (ID#:_ 07/26/2024 Gracia, Hector Contributor address; City; State; Zip Code		Self			Amount of Contribution (\$)	\$12.50	
		Pharr, TX 78577						
	Principal occu Agent	pation / Job title (See Instructions)	Employer (See Instructions) Self				
	Date Full name of contributor out-of-state PAC (ID#: 08/26/2024 Gracia, Hector Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$12.50		
	Principal occu Agent	Pharr, TX 78577 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/26/2024	Full name of contributor Gracia, Hector Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
			1					

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 28/70 Rpt: 31/94	
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Gracia, Lisa Adriana6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Edinburg, TX 78539 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Chief Compl	iance Officer		Infinitus			
	Date 07/26/2024	Full name of contributor Gracia, Lisa Adriana Contributor address; City; Sta				Amount of Contribution (\$)	\$12.50
		Edinburg, TX 78539					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Chief Compl	iance Officer		Infinitus			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50	
		Edinburg, TX 78539					
		pation / Job title (See Instructions) iance Officer		Employer (See Instructions Infinitus	<u> </u> S)		
	Date 09/26/2024	Full name of contributor Gracia, Lisa Adriana Contributor address; City; Sta				Amount of Contribution (\$)	\$12.50
		Edinburg, TX 78539			Ĺ		
	Principal occu Chief Compl	pation / Job title (See Instructions) iance Officer		Employer (See Instructions Infinitus	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/07/2024 Grogan, Wayne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50		
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	gent		Special Insurance Servi	ices	5	

	MONET	ARY POLITICAL C	ONTRIBUTION	1 3	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m	n.	1	Total pages Schedule A1: Sch: 29/70 Rpt: 32/94	
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Texa	as	PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/07/2024	5 Full name of contributor Grogan, Wayne6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		Plano, TX 78025						
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	9		Employer (See Instructions Special Insurance Servi		;	
	Date 09/07/2024	Full name of contributor Grogan, Wayne Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu	Plano, TX 78025 pation / Job title (See Instructions))		Employer (See Instructions	 ;)		
	Insurance A	gent		;	Special Insurance Servi	ces	3	
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:) Hamm, Phillip Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$50.00
		Houston, TX 77043						
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Ameritas		5)		
	Date 08/26/2024	Full name of contributor Hamm, Phillip Contributor address; City; Sta Houston, TX 77043	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)			Employer (See Instructions Ameritas	5)		
	Date 09/26/2024	Full name of contributor Hamm, Phillip Contributor address; City; Sta Houston, TX 77043	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent			Employer (See Instructions Ameritas	s)		
			<u> </u>					

	MONEI	ARY POLITICAL CONTRIBUTION	ONS			SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.		1	Total pages Schedule A1: Sch: 30/70 Rpt: 33/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - T	exas P	AC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/19/2024	 Full name of contributor out-of-state PAC (ID#: Harrington, Paula Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Health Insura	Plano, TX 75074 pation / Job title (See Instructions) ance Broker		nployer (See Instructions arrington Insurance So		ions, LLC	
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#: Harrington, Paula Contributor address; City; State; Zip Code Plano, TX 75074		polovor (Soo Instructions		Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Health Insurance Broker			nployer (See Instructions arrington Insurance So		ions, LLC	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Harrington, Paula Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$50.00
	Principal occu Health Insura	Plano, TX 75074 pation / Job title (See Instructions)		nployer (See Instructions arrington Insurance So		ione II C	
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#: Harris, Polly Contributor address; City; State; Zip Code Corpus Christi, TX 78413)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		nployer (See Instructions Illy Harris Insurance A		ncy	
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#: Harris, Polly Contributor address; City; State; Zip Code Corpus Christi, TX 78413	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		nployer (See Instructions Illy Harris Insurance A		ncy	
			1				

	MONET	ARY POLITICAL C	CONTRIBUTION	N	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 31/70 Rpt: 34/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/20/2024	5 Full name of contributor Harris, Polly6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78413						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent) 9		Employer (See Instructions Polly Harris Insurance A	-	ncy	
	Date 07/20/2024	Full name of contributor Hebert, Laura Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$6.25
	•	Corpus Christi, TX 78418 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Insurance A	gent			Hebert Insurance			
	Date 08/20/2024	Full name of contributor Hebert, Laura Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$6.25
		Corpus Christi, TX 78418						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Hebert Insurance	s)		
	Date 09/20/2024	Full name of contributor Hebert, Laura Contributor address; City; St Corpus Christi, TX 78418	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Hebert Insurance	5)		
	Date 07/01/2024	Full name of contributor Hoffman, Crystal Contributor address; City; St Sugar Land, TX 77487	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Hoffman Insurance Grou			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'NS		SCHEDULE	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/70 Rpt: 35/94	
2	FILER NAME National Ass	sociation of Benefit and Insuran	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/01/2024	Full name of contributor Hoffman, Crystal Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_	2 : -!!	Sugar Land, TX 77488			Ĺ		
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Hoffman Insurance Grou			
	Date 09/01/2024	Full name of contributor Hoffman, Crystal Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	Sugar Land, TX 77487 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 3)		
	Insurance Aç	gent		Hoffman Insurance Grou	ир		
	Date 07/22/2024				Amount of Contribution (\$)	\$12.50	
	I	Dallas, TX 75201					
	Principal occu Owner	ipation / Job title (See Instructions)		Employer (See Instructions Holloway Benefit Conce	•	;	
	Date 08/22/2024	Full name of contributor Holloway, Ryan Contributor address; City; Sta Dallas, TX 75201				Amount of Contribution (\$)	\$12.50
	Principal occu Owner	upation / Job title (See Instructions)		Employer (See Instructions Holloway Benefit Conce		· · · · · · · · · · · · · · · · · · ·	
	Date 09/22/2024	Full name of contributor Holloway, Ryan Contributor address; City; Sta Dallas, TX 75201	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Holloway Benefit Conce		;	

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E A1	
	The Instru	ction Guide explains how to com	plete this for	n.	1	Total pages Schedule A1: Sch: 33/70 Rpt: 36/94		
2	FILER NAME National Ass	ociation of Benefit and Insurance Profe	essionals - Texa	s PAC	3 Filer ID (Ethics Commission Filers 00042577			
4	Date 07/07/2024	 5 Full name of contributor out-of-lrwin, Maria 6 Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$12.50	
8	Principal occu	Austin, TX 78744 pation / Job title (See Instructions)	la la	Employer (See Instructions	:, 			
Ü	Insurance Sa			United Healthcare	,,			
	Date 08/07/2024	Full name of contributor out-of- Irwin, Maria Contributor address; City; State; Zip C Austin, TX 78744)		Amount of Contribution (\$)	\$12.50	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Insurance Aç	gent		United Healthcare				
	Date 09/07/2024	Full name of contributor out-of- Irwin, Maria Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$12.50	
		Austin, TX 78744						
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions) Jnited Healthcare				
Date Full name of contributor out-of-state PAC (ID#: 07/20/2024 Jaques, Kevin					Amount of Contribution (\$)	\$12.50		
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions United Healthcare	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 Jaques, Kevin Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$12.50			
	Principal occu Insurance Sa	pation / Job title (See Instructions)		Employer (See Instructions United Healthcare	5)			
	modiance Sc			officer (Tealificale				

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 34/70 Rpt: 37/94	
2	FILER NAME National Ass	ociation of Benefit and Insuran	ce Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/20/2024	5 Full name of contributor [Jaques, Kevin6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
L		Austin, TX 78746			L		
8	Insurance S	pation / Job title (See Instructions) ales	9	Employer (See Instructions United Healthcare	S) 		
	Date 07/20/2024	Full name of contributor Johnson, Sandra Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Drincinal occu	San Antonio, TX 78249 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Insurance A			Self	·)		
	Date 07/21/2024	Full name of contributor [Keathley, Bryan Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Arlington, TX 76012					
	Principal occu Insurance A	pation / Job title (See Instructions) gent		Employer (See Instructions Safe Harbor Benefits Hi		nbotham	
	Date 08/21/2024	Full name of contributor Keathley, Bryan Contributor address; City; Sta Arlington, TX 76012	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Safe Harbor Benefits Hi		nbotham	
	Date 09/21/2024	Full name of contributor [Keathley, Bryan Contributor address; City; Sta Arlington, TX 76012	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Safe Harbor Benefits Hi		nhotham	
	moditatioe A	gont		Care Figure Deficites Fil	991	insocium .	

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 35/70 Rpt: 38/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Profe	essionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 07/20/2024	 Full name of contributor out-of-st Kelly, Renee Contributor address; City; State; Zip Contributor 	state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
	Dringing! agg.	Austin, TX 78717	lo.	Employer (See Instructions	<u></u>		
8	Insurance Sa	pation / Job title (See Instructions) ales	9	Employer (See Instructions Ameritas	5)		
	Date 08/20/2024	Kelly, Renee				Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Insurance Sa	ales		Ameritas			
	Date 09/20/2024	Full name of contributor out-of- Kelly, Renee Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78717					
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions Ameritas	5)		
	Date 07/20/2024	Kirkhart, Taylor)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Marsh & McLennan Age	•	у	
	Date 08/20/2024	Kirkhart, Taylor)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Marsh & McLennan Age		W	
	madiance A(yonu		Maish & McLennan Age	J110	y	

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 36/70 Rpt: 39/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Pr	ofessionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	 5 Full name of contributor out. Knight, Jack 6 Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$6.25
8	Principal occur	Amarillo, TX 79109 pation / Job title (See Instructions)	l _a	Employer (See Instructions	-, 		
0	Insurance Aç		9	Self	·)		
	Date 08/20/2024	Knight, Jack Contributor address; City; State; Zip)	•	Amount of Contribution (\$)	\$6.25
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Insurance Aç	gent		Self			
	Date 09/20/2024	Full name of contributor out- Knight, Jack Contributor address; City; State; Zip	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$6.25
		Amarillo, TX 79109					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	s)		
	Date 07/20/2024	Lasman, Dana	of-state PAC (ID#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions JBird Insurance Group	5)		
	Date 08/20/2024	Lasman, Dana	of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions JBird Insurance Group	5)		
	mountine A	yont		Some mountaine Group			

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/70 Rpt: 40/94	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	National Ass	ociation of Benefit and Insurar	nce Professionals - Tex	as PAC		00042577	
4	Date 09/20/2024	5 Full name of contributor Lasman, Dana6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Austin, TX 78704					
8	Principal occu Insurance Ag	L pation / Job title (See Instructions) pent	9	Employer (See Instructions JBird Insurance Group	5)		
					_		
	Date 07/20/2024	Full name of contributor Lawlis, Rita Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Lubbock, TX 79424					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent 		Ashmore & Associates			
	Date 08/20/2024	Full name of contributor Lawlis, Rita Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Lubbock, TX 79424					
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Insurance Aç	gent		Ashmore & Associates			
	Date 09/20/2024	Full name of contributor Lawlis, Rita Contributor address; City; Sta Lubbock, TX 79424	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Ashmore & Associates			
	Date 07/20/2024	Full name of contributor Leal, Gary Contributor address; City; Sta Rosharon, TX 77583	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	5)		
	Producer Sa	les Consultant		BCBS-TX			

	MONEI	ARY POLITICAL CONTRIBU	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 38/70 Rpt: 41/94
2	FILER NAME	ociation of Benefit and Insurance Professional	s - Teyas PAC	3 Filer ID (Ethics Commission Filers) 00042577
4	Date 08/20/2024	5 Full name of contributor ut-of-state PAC Leal, Gary		7 Amount of Contribution (\$) \$12.50
8		Rosharon, TX 77583 pation / Job title (See Instructions) les Consultant	9 Employer (See Instructions BCBS-TX	s)
	Date 09/20/2024	Full name of contributor out-of-state PAC Leal, Gary Contributor address; City; State; Zip Code Rosharon, TX 77583	C (ID#:)	Amount of Contribution (\$) \$12.50
		pation / Job title (See Instructions) les Consultant	Employer (See Instruction: BCBS-TX	5)
	Date 07/20/2024	Full name of contributor out-of-state PAC Ledgerwood, Michael Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$25.00
	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions)	Employer (See Instructions	
	Date 08/20/2024	Full name of contributor out-of-state PAC Ledgerwood, Michael Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$25.00
	Principal occu Insurance Sa	Cypress, TX 77433 pation / Job title (See Instructions) ales	Employer (See Instructions Senior Health Plans of	
	Date 09/20/2024	Full name of contributor out-of-state PAC Ledgerwood, Michael Contributor address; City; State; Zip Code Cypress, TX 77433	C (ID#:)	Amount of Contribution (\$) \$25.00
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales	Employer (See Instructions Senior Health Plans of	

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 39/70 Rpt: 42/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professional	ls - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	 Full name of contributor out-of-state PAC Lee, Diane Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$6.25
8	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)	9	Employer (See Instructions	 - S)		
	Insurance Aç	gent		Self			
	Date 08/20/2024	Full name of contributor out-of-state PAC Lee, Diane Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$6.25
		Corpus Christi, TX 78401			Ĺ		
	Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date	<u> </u>			_	Amount of Contribution (\$)	
	09/20/2024	Lee, Diane Contributor address; City; State; Zip Code				yanoun or Contribution (¢)	\$6.25
	Dringing	Corpus Christi, TX 78401		Franks on (Coo Instructions	<u></u>		
	Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 07/05/2024	Full name of contributor out-of-state PAC Long, Scott Contributor address; City; State; Zip Code Katy, TX 77494				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 08/05/2024	Full name of contributor out-of-state PAC Long, Scott Contributor address; City; State; Zip Code Katy, TX 77494)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	■ A1		
	The Instruc	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 40/70 Rpt: 43/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - To	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/05/2024	 Full name of contributor out-of-state PAC (ID#: Long, Scott Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Katy, TX 77494 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Melissa		Self		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Aetna TX	<u> </u>		
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Melissa Contributor address; City; State; Zip Code	<u> </u>			Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78260-2252 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Melissa		Aetna TX		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Aetna TX	5)		
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#: Luker, Sharon Contributor address; City; State; Zip Code Plano, TX 75023			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Luker Insurance Strateg		;	
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS	SCHEDULE A	\1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A1: Sch: 41/70 Rpt: 44/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3 Filer ID (Ethics Commission File 00042577	ers)
4	Date 08/20/2024	5 Full name of contributor Luker, Sharon6 Contributor address; City; St	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$	312.50
		Plano, TX 75023				
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	9 Employer (See Instructions Luker Insurance Strateg		
	Date 09/20/2024	Full name of contributor Luker, Sharon Contributor address; City; Si			Amount of Contribution (\$)	12.50
	Principal occu	Plano, TX 75023 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)	
	Insurance Agent Li			Luker Insurance Strateg	ies	
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	12.50	
	Delevieral	Houston, TX 77056		Farada a a (Carada a da a da a da a da a da a da a d	\	
	Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Self	s)	
	Date 08/20/2024	Full name of contributor Martin, Patricia Contributor address; City; St Houston, TX 77056	out-of-state PAC (ID#:_ tate; Zip Code)	Amount of Contribution (\$)	12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Self)	
	Date 09/20/2024	Full name of contributor Martin, Patricia Contributor address; City; Si Houston, TX 77056	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Self	· :)	

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 42/70 Rpt: 45/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals	- Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 09/14/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$30.00
8	Principal occu Agent	Corpus Christi, TX 78414 pation / Job title (See Instructions)	9	Employer (See Instructions Carlisle Insurance	<u> </u> s)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (Meason, Toby Contributor address; City; State; Zip Code Amarillo, TX 79101				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 08/10/2024	Full name of contributor out-of-state PAC (I Meason, Toby Contributor address; City; State; Zip Code	ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Amarillo, TX 79101 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Insurance Aç			Self			
	Date 09/10/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	Amarillo, TX 79101 pation / Job title (See Instructions) gent		Employer (See Instructions	<u> </u> s)		
	Date 07/01/2024	Full name of contributor out-of-state PAC (In Meyer, Steven) Contributor address; City; State; Zip Code Centennial, TX 80112)		Amount of Contribution (\$)	\$27.53
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Colorado Benefit Adviso			

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 43/70 Rpt: 46/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	r Filers)
4	Date 08/01/2024	5 Full name of contributorMeyer, Steven6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$27.53
		Centennial, TX 80112	1				
8	Principal occu Broker	pation / Job title (See Instructions	9	Employer (See Instructions Colorado Benefit Adviso			
	Date 09/01/2024	Full name of contributor Meyer, Steven Contributor address; City; St)		Amount of Contribution (\$)	\$27.53
	Principal occu	Centennial, TX 80112 pation / Job title (See Instructions	2)	Employer (See Instructions	<u>=,</u>		
	Broker	panon / 300 the (300 mshachors	"	Colorado Benefit Adviso			
	Date 07/20/2024	Full name of contributor Miller, Derella Ann Contributor address; City; Si	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Tyler, TX 75701					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	(3)	Employer (See Instructions Hibbs Hallmark	s)		
	Date 08/20/2024	Full name of contributor Miller, Derella Ann Contributor address; City; Si Tyler, TX 75701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Hibbs Hallmark	5)		
	Date 09/20/2024	Full name of contributor Miller, Derella Ann Contributor address; City; Si Tyler, TX 75701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	(3)	Employer (See Instructions Hibbs Hallmark	s)		
			L				

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/70 Rpt: 47/94	
2	FILER NAME	ociation of Benefit and Insura	nce Professionals - Tex	(as PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
_		<u> </u>			_		
4	Date 07/12/2024	5 Full name of contributorMosley, Chris6 Contributor address; City; St	out-of-state PAC (ID#:)	′	Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Sa	ales		TexCap Insurance			
	Date 08/12/2024	Full name of contributor Mosley, Chris Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Sa	ales		TexCap Insurance			
	Date 09/12/2024	Full name of contributor Mosley, Chris Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> ;)		
	Insurance Sa	,	,	TexCap Insurance	•		
	Date 07/20/2024	Full name of contributor Naylor, Candice	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	01720/2021	Contributor address; City; St	ate; Zip Code				\$12.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	s)		
	Date 08/20/2024	Full name of contributor Naylor, Candice Contributor address; City; St Fritch, TX 79036	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL C	S		SCHEDULE	A1		
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 45/70 Rpt: 48/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/20/2024	5 Full name of contributor Naylor, Candice6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$12.50
		Fritch, TX 79036						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9	Employer (See Instructions Self	5)		
	Date 08/04/2024	Full name of contributor Nieswiadomy, Meredith Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.38
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions	1		Employer (See Instructions	<u>:)</u>		
	Benefit Sales		,		BenefitMall	"		
	Date 08/30/2024	Full name of contributor Nieswiadomy, Meredith Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$13.38
		Fort Worth, TX 76107						
	Principal occu Benefit Sales	pation / Job title (See Instructions s Executive			Employer (See Instructions BenefitMall	s)		
	Date 07/20/2024	Full name of contributor Olliver, Jamie Contributor address; City; St Spring, TX 77388	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions OneDigital	5)		
	Date 08/20/2024	Full name of contributor Olliver, Jamie Contributor address; City; St Spring, TX 77388	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$6.25
	Principal occu Insurance	pation / Job title (See Instructions			Employer (See Instructions OneDigital	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 46/70 Rpt: 49/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals -	Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$6.25
8	Principal occu	Spring, TX 77388 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Insurance			OneDigital			
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID Ott, Rick Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$6.25
		Corpus Christi, TX 78403			Ĺ		
	Principal occu Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
					_	Assessment of Ossatsila sticks (A)	
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID Ott, Rick Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$6.25
		Corpus Christi, TX 78403					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID Ott, Rick Contributor address; City; State; Zip Code Corpus Christi, TX 78403)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID Pancerz, Claire Contributor address; City; State; Zip Code Dallas, TX 75251)		Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	gent		Holmes Murphy & Asso	cia	tes	

	MONEI	ARY POLITICAL CON	TRIBUTION	IS		SCHEDULI	A1
	The Instru	ction Guide explains how to co	omplete this for	n.	1	Total pages Schedule A1: Sch: 47/70 Rpt: 50/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Pr	ofessionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/20/2024	Pancerz, Claire	-of-state PAC (ID#:) Code		7	Amount of Contribution (\$)	\$12.50
L		Dallas, TX 75251			<u> </u>		
8	Principal occu Insurance Aç		9	Employer (See Instructions Holmes Murphy & Assoc			
	Date 09/20/2024	Full name of contributor out Pancerz, Claire Contributor address; City; State; Zip	-of-state PAC (ID#:) Code)		Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251	· · · · · · · · · · · · · · · · · · ·				
	Principal occu Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Holmes Murphy & Associations)		tes	
	Date 07/19/2024	Full name of contributor out Parkey, Sarah Contributor address; City; State; Zip Corpus Christi, TX 78451	-of-state PAC (ID#:) Code			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Carlisle Insurance Agen	су		
	Date 08/19/2024	Parkey, Sarah Contributor address; City; State; Zip	-of-state PAC (ID#:) Code			Amount of Contribution (\$)	\$12.50
_	Principal occu	Corpus Christi, TX 78451 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Insurance Aç			Carlisle Insurance Agen			
	Date 09/19/2024	Parkey, Sarah	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Carlisle Insurance Agen	су		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 48/70 Rpt: 51/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	kas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Perryman, Melissa6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Austin, TX 78730						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9	Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor Perryman, Melissa Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78730 pation / Job title (See Instructions) I		Employer (See Instructions	;) 		
	Insurance A		,		Self	-,		
	Date 09/20/2024	Full name of contributor Perryman, Melissa Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78730						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
	Date 07/20/2024	Full name of contributor Phifer, Joe Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Sun Life Financial	5)		
	Date 08/20/2024	Full name of contributor Phifer, Joe Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	()		Employer (See Instructions Sun Life Financial	5)		
	•	-						

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 49/70 Rpt: 52/94	
2	FILER NAME National Ass	ociation of Benefit and Insuran	nce Professionals - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/20/2024	5 Full name of contributorPhifer, Joe6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Insurance A	gent		Sun Life Financial			
	Date 07/02/2024	Full name of contributor Pleasants, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78414					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Account Mar	nager 		UnitedHealthcare Emplo	oye	r & Individual	
	Date 08/02/2024	Full name of contributor Pleasants, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78414					
	Principal occu Account Mar	pation / Job title (See Instructions) nager		Employer (See Instructions UnitedHealthcare Emplo	-	r & Individual	
	Date 09/02/2024	Full name of contributor Pleasants, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
L	D: : 1	Corpus Christi, TX 78414			Ĺ		
	Account Mar	pation / Job title (See Instructions) nager		Employer (See Instructions UnitedHealthcare Emplo		r & Individual	
	Date 07/19/2024	Full name of contributor Rasmussen, Reid Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Mckinney, TX 75071					
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions fresh benies	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains hov	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 50/70 Rpt: 53/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/19/2024	5 Full name of contributor Rasmussen, Reid6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
_	Deignaignal	Mckinney, TX 75071		_	Franks or (Cook batturations			
8	Agent	pation / Job title (See Instructions	5)	9	Employer (See Instructions fresh benies	5)		
	Date 09/19/2024	Full name of contributor Rasmussen, Reid Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
	Principal occu	Mckinney, TX 75071 pation / Job title (See Instructions	5)		Employer (See Instructions	;) 		
	Agent	panon, dos uno (eco mondono).	,,		fresh benies	,,		
	Date 07/20/2024	Full name of contributor Reynolds, Caleb Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78748						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	(3)		Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor Reynolds, Caleb Contributor address; City; S Austin, TX 78748)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
_	Date 09/20/2024	Full name of contributor Reynolds, Caleb Contributor address; City; S Austin, TX 78748	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions	(3)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 51/70 Rpt: 54/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Richiuso, Christine6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Murphy, TX 75094 pation / Job title (See Instructions	(3)	9	Employer (See Instructions	<u> </u>		
	Insurance Aç		,		Self	,		
	Date 08/20/2024	Full name of contributor Richiuso, Christine Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
	Dringing! aggs	Murphy, TX 75094			Employer (Coo Instructions	<u></u>		
	Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	o)		
	Date 09/20/2024	Full name of contributor Richiuso, Christine Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Murphy, TX 75094						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	s)		
	Date 07/20/2024	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; S El Paso, TX 79912)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Houghton Financial Par		rs	
	Date 08/20/2024	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; S El Paso, TX 79912	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions	(3)		Employer (See Instructions		re	
	Insurance Aç	yon.			Houghton Financial Par	u 1 0	13	

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 52/70 Rpt: 55/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals -	Texa	as PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 09/20/2024	 Full name of contributor out-of-state PAC (II Rios-Carl, Elizabeth Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
0	Dringing aggr	El Paso, TX 79912	ام	Employer (See Instructions	<u>,,</u>		
8	Insurance Aç	pation / Job title (See Instructions) gent	9	Employer (See Instructions Houghton Financial Par		rs	
	Date 07/20/2024	Full name of contributor out-of-state PAC (II Rivera, Marisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
	Dringing Lagor	McAllen, TX 78501		Franks var (Can kastrustis va	<u></u>		
	Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions One Digital	5)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (II Rivera, Marisa Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$12.50
		McAllen, TX 78501	_				
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions One Digital	S)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (If Rivera, Marisa Contributor address; City; State; Zip Code McAllen, TX 78501			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions One Digital	<u>I</u> S)		
	Date 07/20/2024	Full name of contributor out-of-state PAC (II Rivera, Mike Contributor address; City; State; Zip Code Houston, TX 77040			•	Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Newkirk & Newkirk	5)		
		-					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 53/70 Rpt: 56/94	
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 08/20/2024	5 Full name of contributor Rivera, Mike6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77040 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
Ū	Insurance A		ľ	Newkirk & Newkirk	',		
	Date 09/20/2024	Full name of contributor Rivera, Mike Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77040 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Insurance Aç			Newkirk & Newkirk	,		
	Date 07/15/2024	Full name of contributor Roberts, Danielle Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$12.50
		Fort Worth, TX 76108					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Boomer Benefits	5)		
	Date 08/15/2024	Full name of contributor Roberts, Danielle Contributor address; City; Sta Fort Worth, TX 76108	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Boomer Benefits	5)		
	Date 09/15/2024	Full name of contributor Roberts, Danielle Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Boomer Benefits	5)		
			<u> </u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	•		SCHEDULI	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 54/70 Rpt: 57/94	
2	FILER NAME	ociation of Benefit and Insura	nce Professionals - Te	xas F	PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/20/2024	Robinson, Judith 6 Contributor address; City; St	ate; Zip Code					\$25.00
•	Dringing aggr	Tyler, TX 75703 pation / Job title (See Instructions	\	0 =	mployer (See Instructions	<u>, </u>		
•	Insurance Aç)		mployer (See Instructions elf	·)		
	Date 08/20/2024	Full name of contributor Robinson, Judith Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Tyler, TX 75703	, I		manla var (Caa Inatriyatiana	<u></u>		
	Insurance Aç	pation / Job title (See Instructions gent)		mployer (See Instructions elf	5)		
	Date 09/20/2024	Full name of contributor Robinson, Judith Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Tyler, TX 75703						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		mployer (See Instructions elf	5)		
	Date 07/20/2024	Full name of contributor Rolf, Rita Contributor address; City; St Allen, TX 75013	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		mployer (See Instructions exCap Insurance Servi		s	
	Date 08/20/2024	Full name of contributor Rolf, Rita Contributor address; City; St Allen, TX 75013	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		mployer (See Instructions exCap Insurance Serv		S	

	MONET	ARY POLITICAL (CONTRIBUTION	NS	5		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rm		1	Total pages Schedule A1: Sch: 55/70 Rpt: 58/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 09/20/2024	5 Full name of contributor Rolf, Rita6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
0	Dringing aggr	Allen, TX 75013	\	0 5	Employer (See Instructions	_		
8	Insurance Aç	pation / Job title (See Instructions gent	9		Employer (See Instructions FexCap Insurance Servi		5	
	Date 07/11/2024	Full name of contributor Salazar, Veronica Contributor address; City; St)		Amount of Contribution (\$)	\$12.00
		Kingwood, TX 77339						
	Principal occu Business Ad	pation / Job title (See Instructions)		Employer (See Instructions G & A Partners	5)		
	Date 08/11/2024	Full name of contributor Salazar, Veronica Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.00
	Dringinal occur	Kingwood, TX 77339 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Employer (See Instructions			
	Business Ad				G & A Partners	')		
	Date 09/11/2024	Full name of contributor Salazar, Veronica Contributor address; City; St					Amount of Contribution (\$)	\$12.00
		Kingwood, TX 77339 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ad	Full name of contributor			G & A Partners		Amount of Contribution (t)	
	Date 09/17/2024	Scott, Matt Contributor address; City; St Kingwood, TX 77345	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance Aç	gent		E	ETC Companies			

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 56/70 Rpt: 59/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professi	ionals - Texa	is PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 07/20/2024	 5 Full name of contributor out-of-state Scott, Nicole 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Dringinal occu	San Antonio, TX 78249	la la	Employer (See Instructions	<u>''</u>		
•	Insurance Sa	pation / Job title (See Instructions) ales	9	United Healthcare	»)		
	Date 08/20/2024	Scott, Nicole Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Sa	ales		United Healthcare			
	Date 09/20/2024	Scott, Nicole	e PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78249					
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions United Healthcare	5)		
	Date 07/15/2024	Sherman, Joe)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions The Insurance Exchange			
	Date 08/15/2024	Sherman, Joe)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions The Insurance Exchange			
	moditatioe A(g	I_	THE HISTIANISE EXCHAINS			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 57/70 Rpt: 60/94	
2	FILER NAME National Ass	ociation of Benefit and Insuran	ce Professionals - Tex	as PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 09/15/2024	5 Full name of contributor [Sherman, Joe6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu Insurance Aç	Dallas, TX 75248 pation / Job title (See Instructions) gent	g	Employer (See Instructions The Insurance Exchang			
	Date 07/20/2024	Full name of contributor Smith, Craig Contributor address; City; Sta Tyler, TX 75703	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Ark Assurance	<u> </u> 5)		
	Date 08/20/2024	Full name of contributor Smith, Craig Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$12.50
		Tyler, TX 75703			<u></u>		
	Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Ark Assurance	5)		
	Date 09/20/2024	Full name of contributor Smith, Craig Contributor address; City; Sta Tyler, TX 75703	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Ark Assurance	<u> </u> 5)		
	Date 07/20/2024	Full name of contributor Smith, Mike Contributor address; City; Sta Lewisville, TX 75057	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions The Brokerage, Inc.	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 58/70 Rpt: 61/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 08/20/2024	5 Full name of contributor Smith, Mike6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
8	Insurance Aç			9 Employer (See Instructions The Brokerage, Inc.	5)		
	Date 09/20/2024	Full name of contributor Smith, Mike Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions	s)	Employer (See Instructions The Brokerage, Inc.	<u> </u> 5)		
	Date 07/09/2024	Full name of contributor Snyder, Stephen Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Deinsinal sass	Dallas, TX 75231	<u>.</u>	Employer (Cook looks satisfactor	<u></u>		
	Insurance A	pation / Job title (See Instructions gent) 	Employer (See Instructions Self	·)		
	Date 08/09/2024	Full name of contributor Snyder, Stephen Contributor address; City; Si Dallas, TX 75231	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 09/09/2024	Full name of contributor Snyder, Stephen Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 59/70 Rpt: 62/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance	e Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Splawn, W. Craig6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
•	Insurance Aç			Splawn & Associates	,		
	Date 08/20/2024	Full name of contributor Splawn, W. Craig Contributor address; City; State;)		Amount of Contribution (\$)	\$30.00
	Dringing aggr	Houston, TX 77077		Employer (See Instructions	·/		
	Insurance A	pation / Job title (See Instructions) gent		Employer (See Instructions Splawn & Associates)		
	Date 09/20/2024	Full name of contributor Splawn, W. Craig Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
		Houston, TX 77077			<u> </u>		
	Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Splawn & Associates	5)		
	Date 07/20/2024	Full name of contributor Stair, B. Gene Contributor address; City; State; Austin, TX 78738				Amount of Contribution (\$)	\$7.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Stair & Associates LLC	<u>(</u>		
	Date 08/20/2024	Full name of contributor Stair, B. Gene Contributor address; City; State; Austin, TX 78738	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$7.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Stair & Associates LLC	5)		
	msulance A(yont.		Sian a Associates LLC			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 60/70 Rpt: 63/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	(as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 09/20/2024	5 Full name of contributor Stair, B. Gene6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$7.50
8	Dringinal occu	Austin, TX 78738	<u> </u>		Employer (See Instructions	·/		
•	Insurance Aç	pation / Job title (See Instructions gent)	-	Stair & Associates LLC	»)		
	Date 07/20/2024	Full name of contributor Stanley, Jennifer Contributor address; City; St)		Amount of Contribution (\$)	\$12.50
	Principal occu	Frisco, TX 75033 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent			Marsh & McLennan			
	Date 08/20/2024	Full name of contributor Stanley, Jennifer Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Frisco, TX 75033						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	(i)		Employer (See Instructions Marsh & McLennan	s)		
	Date 09/20/2024	Full name of contributor Stanley, Jennifer Contributor address; City; Si Frisco, TX 75033					Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Marsh & McLennan	<u>. </u>		
	Date 07/03/2024	Full name of contributor Stockstill, Beckie Contributor address; City; Si Deer Park, TX 77536	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	s)		
			<u>'</u>					

	MONET	ARY POLITICAL (CONTRIBUTIO	N 	<u>.</u>		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 61/70 Rpt: 64/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/03/2024	5 Full name of contributor Stockstill, Beckie6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$12.50
L		Deer Park, TX 77536		_				
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	;) 	9	Employer (See Instructions Self	5)		
	Date 09/03/2024	Full name of contributor Stockstill, Beckie Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions	s)		Employer (See Instructions	 		
	Insurance Aç				Self			
	Date 07/20/2024	Full name of contributor Stokes Lee, Susan Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Spring, TX 77389						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor Stokes Lee, Susan Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	5)		
	Date 09/20/2024	Full name of contributor Stokes Lee, Susan Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 62/70 Rpt: 65/94	
2	FILER NAME National Ass	ociation of Benefit and Insurance	Professionals - Texa:	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	Stubbs, Clifton	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Frisco, TX 75035 pation / Job title (See Instructions)	la la	Employer (See Instructions	:, 		
Ü	Insurance A			Self	,,		
	Date 08/20/2024	Full name of contributor Stubbs, Clifton Contributor address; City; State;				Amount of Contribution (\$)	\$12.50
	Principal occu	Pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	Insurance A	,		Self	·)		
	Date 09/20/2024	Full name of contributor Stubbs, Clifton Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Frisco, TX 75035					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 07/20/2024	Full name of contributor Sullivan, Audra Contributor address; City; State; Arlington, TX 76006	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Vogue Insurance	5)		
	Date 08/20/2024	Full name of contributor Sullivan, Audra Contributor address; City; State; Arlington, TX 76007	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	5)		
		•		<u> </u>			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 63/70 Rpt: 66/94	
2	FILER NAME				1	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	—	00042577	
4	Date 09/20/2024	5 Full name of contributor Sullivan, Audra6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$6.25
Ω	Principal occur	Arlington, TX 76006 pation / Job title (See Instructions	2)	Employer (See Instructions	s)		
0	Insurance Aç		5)	Vogue Insurance	3)		
	Date 07/20/2024	Full name of contributor Swanson, Cynthia Contributor address; City; S Tyler, TX 75711	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
_	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>I</u> S)		
	Insurance Ag	gent		Hibbs Hallmark & Comp	oany		
	Date 08/20/2024	Full name of contributor Swanson, Cynthia Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Tyler, TX 75711					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Hibbs Hallmark & Comp			
	Date 09/20/2024	Full name of contributor Swanson, Cynthia Contributor address; City; S Tyler, TX 75711	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Hibbs Hallmark & Comp			
	Date 07/20/2024	Full name of contributor Sypert, Steve Contributor address; City; S Lubbock, TX 79464	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 64/70 Rpt: 67/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 08/20/2024	5 Full name of contributor Sypert, Steve6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Lubbock, TX 79464 pation / Job title (See Instructions	s)	9	Employer (See Instructions	 		
	Insurance Aç	gent			Self			
	Date 09/20/2024	Full name of contributor Sypert, Steve Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
		Lubbock, TX 79464						
		pation / Job title (See Instructions	3)		Employer (See Instructions Self	s)		
	Insurance Agent Date Full name of contributor out-of-state PAC (ID#					Amount of Contribution (\$)		
	07/21/2024	Theesfeld, Angela Contributor address; City; S				•	γαπουπ οι Continuation (φ)	\$12.50
		San Antonio, TX 78258						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	s)		
	Date 08/21/2024	Full name of contributor Theesfeld, Angela Contributor address; City; S San Antonio, TX 78258)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	5)		
	Date 09/21/2024	Full name of contributor Theesfeld, Angela Contributor address; City; S San Antonio, TX 78258	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N			SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 65/70 Rpt: 68/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Thorne, Roblyn6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
Ĺ	D: : 1	Austin, TX 78749	, 1		5 1 (0 1 1 1			
8	Principal occu Insurance A	pation / Job title (See Instructions gent)	9	Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor Thorne, Roblyn Contributor address; City; Si)		Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Insurance Agent Self		Self					
	Date 09/20/2024	Full name of contributor Thorne, Roblyn Contributor address; City; Si)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78749						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	·)		Employer (See Instructions Self	5)		
	Date 07/20/2024	Full name of contributor Trebing, C. Louanne Contributor address; City; Si Garland, TX 75042	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
	Date 08/20/2024	Full name of contributor Trebing, C. Louanne Contributor address; City; Si Garland, TX 75042	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Ag	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		

MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 66/70 Rpt: 69/94
2 FILER NAME National Ass	sociation of Benefit and Insurance Professionals - To	exas PAC	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 09/20/2024	 Full name of contributor out-of-state PAC (ID#: Trebing, C. Louanne Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$25.00
8 Principal occu Insurance A	Garland, TX 75042 upation / Job title (See Instructions) gent	9 Employer (See Instructions Self	s)
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Trevino, Victoria Contributor address; City; State; Zip Code Austin, TX 78756		Amount of Contribution (\$) \$154.97
Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions Blue Cross Blue Shield	
Date 07/11/2024	Full name of contributor out-of-state PAC (ID#: Vasquez Ramirez, Valeria Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$12.50
	San Antonio, TX 78233 upation / Job title (See Instructions)	Employer (See Instruction: Davidson Camp Insura	
Date 08/11/2024	Full name of contributor out-of-state PAC (ID#:_ Vasquez Ramirez, Valeria Contributor address; City; State; Zip Code	<u> </u>	Amount of Contribution (\$) \$12.50
Principal occu	San Antonio, TX 78233 upation / Job title (See Instructions) gent	Employer (See Instructions Davidson Camp Insural	
Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Vasquez Ramirez, Valeria Contributor address; City; State; Zip Code San Antonio, TX 78233		Amount of Contribution (\$) \$12.50
Principal occu Insurance A	upation / Job title (See Instructions) gent	Employer (See Instructions Davidson Camp Insurar	

	MONET	ARY POLITICAL C	CONTRIBUTION	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 67/70 Rpt: 70/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Walker, Kenneth6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 79721						
8	Principal occu Owner	pation / Job title (See Instructions) 9		Employer (See Instructions Nexus Insurance Marke]	
	Date 08/20/2024	Full name of contributor Walker, Kenneth Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 79721 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Owner				Nexus Insurance Marke	tinç)	
	Date 09/20/2024	Full name of contributor Walker, Kenneth Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 79721						
	Principal occu Owner	pation / Job title (See Instructions			Employer (See Instructions Nexus Insurance Marke)	
	Date 07/23/2024	Full name of contributor Wallace, Kasey Contributor address; City; St Houston, TX 77041	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Account Exe	pation / Job title (See Instructions cutive)		Employer (See Instructions Kilpatrick Companies	5)		
	Date 08/23/2024	Full name of contributor Wallace, Kasey Contributor address; City; St Houston, TX 77041	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Account Exe	pation / Job title (See Instructions cutive			Employer (See Instructions Kilpatrick Companies	S)		
					·			

	MONET	ARY POLITICAL (CONTRIBUTIO	N			SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 68/70 Rpt: 71/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	xas	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 09/23/2024	5 Full name of contributor Wallace, Kasey6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$12.50
		Houston, TX 77041						
8	Principal occu Account Exe	pation / Job title (See Instructions cutive	s) 	9	Employer (See Instructions Kilpatrick Companies	5)		
	Date 07/17/2024	Full name of contributor Wallin, Johnny Contributor address; City; S)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Kennedale, TX 76060 pation / Job title (See Instructions	3)		Employer (See Instructions	<u> </u> s)		
	Insurance Agent Self		Self					
	Date 08/17/2024				•	Amount of Contribution (\$)	\$12.50	
		Kennedale, TX 76060						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	5)		
	Date 09/17/2024	Full name of contributor Wallin, Johnny Contributor address; City; S Kennedale, TX 76060	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	5)		
	Date 09/17/2024	Full name of contributor Watts, Jessica Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$309.43
	Principal occu Agent	pation / Job title (See Instructions	s)		Employer (See Instructions Frost Insurance Agency			
					-			

	WONEI	ARY POLITICAL (CONTRIBUTIO	GPIC		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 69/70 Rpt: 72/94	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	exas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 07/20/2024	5 Full name of contributor Wild, Trei6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$12.50
		Plano, TX 75025		<u>, </u>			
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	9 Employer (See Instructions Protect Plans	5)		
	Date 08/20/2024	Full name of contributor Wild, Trei Contributor address; City; S)	•	Amount of Contribution (\$)	\$12.50
		Plano, TX 75025 pation / Job title (See Instructions	8)	Employer (See Instructions	<u> </u> S)		
	Insurance Aç	gent		Protect Plans			
	Date 09/20/2024	Full name of contributor Wild, Trei Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$12.50
		Plano, TX 75025					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Protect Plans	5)		
	Date 07/12/2024	Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Sales	Fort Worth, TX 76137 pation / Job title (See Instructions	5)	Employer (See Instructions Hartman Insurance Serv	•	es	
	Date 08/09/2024	Full name of contributor Willams, Brietta Contributor address; City; S Fort Worth, TX 76137	out-of-state PAC (ID#:_	_	•	Amount of Contribution (\$)	\$12.50
	Principal occu Sales	pation / Job title (See Instructions	s)	Employer (See Instructions Hartman Insurance Serv			

National Association of Benefit and Insurance Professionals - Texas PAC Date		MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	E A1
National Association of Benefit and Insurance Professionals - Texas PAC 4 Date 09/09/2024 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of Contribution (\$) \$1 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Harfman Insurance Services Date O7/29/2024 Willingham, Sean Ontributor out-of-state PAC (ID#) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Agent Medicare Man Date San Antonio, TX 78259 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions)		The Instruction Guide explains how to complete this form.			n.	1		
Date	2		sociation of Benefit and Insurance P	Professionals - Texas	S PAC	3		r Filers)
8 Principal occupation / Job title (See Instructions) Sales Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)	4	Date	5 Full name of contributor ou ou willams, Brietta	ut-of-state PAC (ID#:		7		\$12.50
Date O7/29/2024 Full name of contributor over other orders of the contributor of Contribution (\$) O7/29/2024 Willingham, Sean Contributor address, City, State, Zip Code San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Agent Medicare Man Date O8/29/2024 Willingham, Sean Contributor over other of Contributor of Contributor of Contributor of Contributor O8/29/2024 Willingham, Sean Contributor over other of Contributor O8/29/2024 Willingham, Sean Contributor over other	_							
O7/29/2024 Willingham, Sean Size Code San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Agent	8		pation / Job title (See Instructions)	9			es	
Principal occupation / Job title (See Instructions) Agent Date 08/29/2024 Full name of contributor out-of-state PAC (ID#:			Willingham, Sean)		Amount of Contribution (\$)	\$12.50
Agent Date		Dringing occur	i .		Employer (See Instructions	<u></u>		
O8/29/2024 Willingham, Sean \$1 Contributor address; City; State; Zip Code San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Agent			pation / Job title (See Instructions)			·)		
Principal occupation / Job title (See Instructions) Agent Date Full name of contributor out-of-state PAC (ID#:			Willingham, Sean)	•	Amount of Contribution (\$)	\$12.50
Agent Date O8/20/2024 Full name of contributor out-of-state PAC (ID#:			San Antonio, TX 78259					
O8/20/2024 Young, Peter Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) Insurance Agent Date O9/20/2024 Young, Peter Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Independent Insurance Advisors Amount of Contribution (\$) \$1 Amount of Contribution (\$) \$1 Principal occupation / Job title (See Instructions) Employer (See Instructions)		•	pation / Job title (See Instructions)			5)		
Principal occupation / Job title (See Instructions) Insurance Agent Date O9/20/2024 Full name of contributor Young, Peter Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Independent Insurance Advisors Amount of Contribution (\$) \$1 Employer (See Instructions)			Young, Peter Contributor address; City; State; Z			•	Amount of Contribution (\$)	\$12.50
09/20/2024 Young, Peter Contributor address; City; State; Zip Code Allen, TX 75013 Principal occupation / Job title (See Instructions) Employer (See Instructions)		'	pation / Job title (See Instructions)				visors	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Young, Peter Contributor address; City; State; Z)		Amount of Contribution (\$)	\$12.50
Insurance Agent Independent Insurance Advisors			pation / Job title (See Instructions)					
		Insurance A	gent		Independent Insurance	Ad	visors	

PLCI	OGED CONTRIBU	TIONS			sc	HEDULE B	
The Instruction Guide explains how to complete this form.				1	1 Total pages Schedule B: Sch: 1/1 Rpt: 74/94		
2 FILER N	AME			3	Filer ID (Ethics Commissi	ion Filers)	
National	Association of Benefit and I	nsurance Professionals	s - Texas PAC		00042577		
4 TOTAL	OF UNITEMIZED PLED	GES			\$	0.00	
5 Date	6 Full name of pledgor	out-of-state PAC (IE	D#:	8	Amount of 9 In-kind	description	
					pledge (\$) (If a	pplicable)	
	7 Pledgor Address;	City; State; Zip Cod	de		į		
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (Coo Ir	L	Check if travel outside of Texas.	Complete Schedule 1.	
10 Pilicipai	occupation / Job title (See Instit	ictions)	11 Employer (See Ir	istructio	ons)		

LOANS				SCHEDULE	E
The Instruction	on Guide explains how to complete this f	form.	1	al pages Schedule E: h: 1/1 Rpt: 75/94	
2 FILER NAME National Associa	ation of Benefit and Insurance Professionals - To	exas PAC	3 Filer ID 000425	(Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		1	\$	0.00
5 Date of loan	7 Name of lender out-of-state PA	AC (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	on / Job title (See Instructions)	13 Employer (See Instruction	s)		
14 Description of Col	lateral	15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed	(\$)
not applicable	18 Guarantor address; City; State;	Zip Code			
20 Principal occupation	on	21 Employer (See Instruction	s)		

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 76/94	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
09/16/2024	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 832748
Expenditure from corporate funds	Richardson, TX 75083
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
09/16/2024	Ann Johnson for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	<u>'</u>
Date	Payee name
09/16/2024	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	2800 Shoreline Drive #310
Expenditure from corporate funds	Denton, TX 76210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAMATO TO BOTTOM O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Doubons

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor 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
4 Date	5 Payee name
09/16/2024	Briscoe Cain Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. BOX 7
Expenditure from corporate funds	Deer Park, TX 77536
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Bryan Hughes for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/16/2024	Caroline Harris Davila for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 700
Forman (Co.)	
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/12 Rpt: 82/94	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
09/16/2024	John Bucy Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6633 Hwy 290 E. Ste. 104
Expenditure from corporate funds	Austin, TX 78723
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
09/16/2024	John McQueeney Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO BOX 100458
— Foregoedituus fores	
Expenditure from corporate funds	Fort Worth, TX 76185
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
09/16/2024	Lacy Hull For Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 19231
Expenditure from	
corporate funds	Housten, TX 77224
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/12 Rpt: 83/94	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
09/16/2024	Lois W. Kolkhorst Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2546
Expenditure from corporate funds	Brenham, TX 77834
8 PURPOSE	· · · · · · · · · · · · · · · · · · ·
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/16/2024	Mary Ann Perez campaign
	, ,
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6200 Gulf Fwy #125
Expenditure from	
corporate funds	Houston, TX 77023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to benefit C/O	'
Date	Payee name
09/16/2024	Molly for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	O Box 667238
·	
Expenditure from corporate funds	Houston, TX 77266
	To a second seco
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1. Total names Calculula E1	
1 Total pages Schedule F1:	
Sch: 9/12 Rpt: 84/94	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
09/16/2024	Morgan LaMantia for State Senate Committee
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1324 E. Madison
Expenditure from	Provincyillo, TV 79520
corporate funds	Brownsville, TX 78520
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh Contribution
O Complete ONLY if allow	Condidate/Officeholder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	
Date	Payee name
09/16/2024	Nathan Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 670994
Expenditure from	Dallas, TX 75367
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Sampaigh Solidisation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
09/16/2024	Phil King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1913
Expenditure from corporate funds	Weatherford, TX 76086
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee Campaign Contribution
	Sampaigh Sommand
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
ordan dara r ayınısın	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 11/12 Rpt: 86/94	National Association of Benefit and Insurance Professionals 00042577							
4 Date	5 Payee name							
09/16/2024	Sam Harless Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$500.00	15814 Champion Forest PMB 312							
Expenditure from corporate funds	Spring, TX 77379							
8 PURPOSE								
OF	_ '							
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Campaign Contribution							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/Ol								
Date	Payee name							
09/16/2024	Texans for Kelly Hancock							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	P.O. BOX 821349							
Expenditure from corporate funds	NORTH RICHLAND HILLS, TX 76182							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
LAFENDITORE	Candidate/Officeholder/Political Committee							
	Campaign Contribution							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	H .							
Date	Payee name							
09/16/2024	Todd Hunter Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	445 CAPE HENRY							
+555100								
Expenditure from	Corpus Christi TV 70412							
corporate funds	Corpus Christi, TX 78412							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Contributions/Donations Made By Contributions/Donations							
	Candidate/Officeholder/Political Committee							
	Campaign Continuution							
Complete CNII V if alia	Condidate/Officeholder name Office cought							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 87/94	National Association of Benefit and Insurance Professionals 00042577
4 Date	5 Payee name
09/16/2024	Tom Oliverson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1 Greenway Plaza, #225
Expenditure from corporate funds	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Toni Rose Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 41867
φοσοίου	1101201
Expenditure from corporate funds	Dallas, TX 75241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/16/2024	Trey Wharton for texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 1242
Expenditure from corporate funds	Huntsville, TX 77342
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Continuution
Operation Children	On didn't 10 ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3	

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 1/4 Rpt:	National Association of Benefit and Insurance	00042577				
4 Date	5 Payee name	·				
08/13/2024	Intuit - Quickbooks					
6 Amount (\$)	7 Payee Address; City; State; Zip					
645.00	2700 Coast Ave					
Expenditure from corporate funds	Mountain View, CA 94053					
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	l ·				
OF EXPENDITURE	Accounting/Banking	Quickbooks				
Date	Payee name					
07/22/2024	Jaffe Communications					
Amount (\$)	Payee Address; City; State; Zip					
600.00	312 North Avenue East, Suite 5					
Expenditure from	Overafeed NJ 07040					
corporate funds	Cranford, NJ 07016	Ta.				
PURPOSE OF		(b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Consulting Expense	Management fees				
Date	Payee name					
07/01/2024	Pay Pal					
Amount (\$)	Payee Address; City; State; Zip					
167.60	PO Box 1900					
Expenditure from						
corporate funds	San Jose, CA 97136					
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Accounting/Banking	Banking Fees				
Data	Davies were					
Date 07/21/2024	Payee name Quickbook Payments					
	,					
Amount (\$)	Payee Address; City; State; Zip					
32.34	21650 Oxnard Street., Suite 2200					
Expenditure from corporate funds	Woodland Hills, CA 91367					
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
OF	Accounting/Banking	Banking Fees				
EXPENDITURE						

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	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200						
Expenditure from corporate funds	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 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	Payee name						
07/25/2024 Amount (\$)	Quickbook Payments Payee Address; City; State; Zip						
0.89	21650 Oxnard Street., Suite 2200						
Expenditure from corporate funds	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	Payee name						
08/01/2024	Quickbook Payments City: State: 7in						
Amount (\$)	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200						
0.26 Expenditure from corporate funds	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						

	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 3/4 Rpt:	National Association of Benefit and Insurance	00042577				
4 Date	5 Payee name					
08/20/2024	Quickbook Payments					
6 Amount (\$)	7 Payee Address; City; State; Zip					
32.87	21650 Oxnard Street., Suite 2200					
Expenditure from corporate funds	Woodland Hills, CA 91367					
8 PURPOSE		(b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Accounting/Banking	Banking Fees				
Date	Payee name					
08/22/2024	Quickbook Payments					
Amount (\$)	Payee Address; City; State; Zip					
0.44	21650 Oxnard Street., Suite 2200					
Expenditure from						
corporate funds	Woodland Hills, CA 91367					
PURPOSE		(b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Accounting/Banking	Banking Fees				
Date	Payee name					
08/26/2024	Quickbook Payments					
Amount (\$)	Payee Address; City; State; Zip					
1.02	21650 Oxnard Street., Suite 2200					
Expenditure from	Woodland Lilla CA 01267					
corporate funds	Woodland Hills, CA 91367					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Accounting/Banking	Banking Fees				
Date	Payee name					
08/27/2024	Quickbook Payments					
Amount (\$)	Payee Address; City; State; Zip					
0.44	21650 Oxnard Street., Suite 2200					
Expenditure from						
corporate funds	Woodland Hills, CA 91367					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Accounting/Banking	Banking Fees				
		· · · · · · · · · · · · · · · · · · ·				

Sch: 4/4 Rpt: 4 Date 5 09/20/2024	The Instruction Guide explains how to FILER NAME National Association of Benefit and Insurance Payee name Quickbook Payments Payee Address; City; State; Zip	complete this form. 3 Filer ID (Ethics Commission Filers) 00042577
Sch: 4/4 Rpt: 4 Date 5 09/20/2024 6 Amount (\$) 7 32.06 Expenditure from	National Association of Benefit and Insurance Payee name Quickbook Payments	
09/20/2024 6 Amount (\$) 32.06 Expenditure from	Quickbook Payments	
32.06 Expenditure from	Payee Address; City; State; Zip	
	21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 PURPOSE (a OF EXPENDITURE	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	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200	
Expenditure from corporate funds	Woodland Hills, CA 91367	
PURPOSE (a 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	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200	
Expenditure from corporate funds	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.			ages Schedule K: /3 Rpt: 92/94			
2	FILER NAME National Ass				Filer ID	(Ethics Commiss	sion Filers)
4	Date 08/14/2024					8 Amount (\$)	\$250.00
		6 Address of person from whom amount is received; City; State; Zip Code					
		_	DeSoto, TX 75115	1.16 151			e:
			Purpose for which amount is received X Check	k if politi	cal contr	ibution returned to	filer
	Date		Name of person from whom amount is received			Amount (\$)	
	08/14/2024		Charlie Geren Campaign				\$500.00
	Address of person from whom amount is received; City; State; Zip Code						
			Fort Worth, TX 76101				
			Purpose for which amount is received X Check	k if politi	cal contr	ibution returned to	filer
	Date		Name of person from whom amount is received			Amount (\$)	
	08/14/2024 Christian Manuel Campaign						\$500.00
	Address of person from whom amount is received; City; State; Zip Code						
			Port Arthur, TX 77642				
			Purpose for which amount is received	k if politi	cal contr	ibution returned to	filer
	Date	Ī	Name of person from whom amount is received			Amount (\$)	
	08/14/2024		Dustin Burrows Campaign				\$1,000.00
			Address of person from whom amount is received; City; State; Zip Code				
			Lubbock, TX 79408				
			Purpose for which amount is received	k if politi	cal contr	ibution returned to	filer
	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)	
	08/14/2024		Erin Zwiener Campaign				\$250.00
	Address of person from whom amount is received; City; State; Zip Code						
			Driftwood, TX 78619				
			Purpose for which amount is received X Check	k if politi	cal contr	ibution returned to	filer

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 2/3 Rpt: 93/94	
2	FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC 000429			Ethics Commission (Ethics Commission)	ion Filers)	
4	Date	5 Name of person from whom amount is received				
4		<u> </u>			8 Amount (\$)	φ <u>Ε</u> ΩΩ ΩΩ
	08/14/2024 Harold Dutton Campaign					\$500.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77026				
		7 Purpose for which amount is received X Chec	ck if politi	cal conti	ribution returned to fi	iler
	Date	Name of person from whom amount is received			Amount (\$)	
	08/14/2024	Jacey Jetton Campaign				\$250.00
		Address of person from whom amount is received; City; State; Zip Code			1	
		Richmond, TX 77469				
			rk if noliti	cal conti	I ribution returned to fi	iler
		Check	ok ii politi	cai conti	indution retained to it	
					<u> </u>	
	Date	Name of person from whom amount is received			Amount (\$)	+== 0.00
	08/14/2024	Leslie Robnett Campaign				\$750.00
		Address of person from whom amount is received; City; State; Zip Code				
		Fort Worth, TX 76147				
		Purpose for which amount is received X Chec	ck if politi	cal conti	ribution returned to fi	iler
	Date	Name of person from whom amount is received			Amount (\$)	
	08/14/2024	Linda Garcia Campaign				\$250.00
		Address of person from whom amount is received; City; State; Zip Code			•	
		,				
		Fort Worth, TX 76147				
		Purpose for which amount is received X Chec	ck if politic	cal conti	I ribution returned to fi	iler
			on pont			
_	Date	Name of person from whom amount is received			Amount (\$)	
	08/14/2024	<u>'</u>			Amount (\$)	\$500.00
	00/14/2024	Liz Campos Campaign				Φ300.00
		Address of person from whom amount is received; City; State; Zip Code				
		Con Antonio TV 70010				
		San Antonio, TX 78210			<u> </u>	
		Purpose for which amount is received X Chec	ck if politi	cal conti	ribution returned to fi	iler

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 94/94 2 FILER NAME Filer ID (Ethics Commission Filers) National Association of Benefit and Insurance Professionals - Texas PAC 00042577 8 Amount (\$) Date Name of person from whom amount is received 08/14/2024 Steve Allison Campaign \$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 Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received 08/14/2024 Travis Clardy Campaign \$500.00 Address of person from whom amount is received; City; State; Zip Code Nacogdoches, TX 75961 Purpose for which amount is received X Check if political contribution returned to filer