## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form. <sup>1</sup> the decomparate relead <sup>1</sup>	1 Filer ID 2 Total pages filed					
RVOS Fam Mutual Insurance Group Political Action Committee       Ditle Resive         4       COMMITTEE         ADDRESS / PO BOX:       APT / SUITE #;       CITY:       STATE;       ZIP         1104/2024       P.O. Box 6106       Date Resive       ELECTRONICALLY FILED         1104/2024       Temple, TX 76503-6106       Date Manuel difference or Date Presentance         8       CAMPACIN TREASURER NAME       MS: MRS / MR       FIRST       MI         NOCKNAME       LAST       SUFFIX       Date Instruct         NAME       STREET ADDRESS (NO PO BOX PLEASE):       APT / SUITE #;       CITY;       STATE;       ZIP CODE         201 S. 37th St.       Temple, TX 76504       STREET ADDRESS OR PO BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         201 S. 37th St.       Temple, TX 76504       Resource       Resource       CITY;       STATE;       ZIP CODE	The MPAC Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	2 Total pages filed: 11		
RVOS Farm Mutual Insurance Group Political Action Committee     Date incontent       4     COMMITTEE     ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP       9     Comarge of Address     Temple, TX 76503-6106       5     CAMPAIGN NAME     MS / MRS / MR       8     S / MRS / MR     FIRST       MI     MS / MRS / MR     FIRST       MI     MS / MRS / MR     FIRST       NAME     LAST     SUFFIX       NAME     LAST     SUFFIX       104: Processed     Date Processed       105: 201 S. 37th St.     APT / SUITE #; CITY: STATE: ZIP CODE       106: 201 S. 37th St.     Temple, TX 76504       10     CAMPAIGN     STREET ADDRESS OR PO BOX:       10: CAMPAIGN     APRE ACODE       10: CAMPAIG	3 COMMITTEE NAME		OFFICE USE ONLY			
4       COMMITTEE       ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP       IU/04/2024         4       COMMITTEE       P.O. Box 6106       Deer lend-delivered or Date Provinseled         5       CAMPACIN NAME       MS / MRS / MR       FIRST       MI         NAME       MS       Barbara Renee       Date Ind-delivered or Date Provinseled         NUCKINAME       LUST       SUFERY         NAME       Renee       Quinn         NICKINAME       LUST       SUFERY         ADDRESS (NO PO BOX PLEASE);       APT / SUITE #; CITY; STATE; ZIP CODE         2301 S. 37th St.       2301 S. 37th St.         ADDRESS       STREET ADDRESS OR PO BOX;       APT / SUITE #; CITY; STATE; ZIP CODE         2301 S. 37th St.       CAMPAGE       STREET ADDRESS OR PO BOX;       APT / SUITE #; CITY; STATE; ZIP CODE         2301 S. 37th St.       CAMPAGE       STREET ADDRESS OR PO BOX;       APT / SUITE #; CITY; STATE; ZIP CODE         2301 S. 37th St.       CAMPAGE       Temple, TX 76504       EXTENSION         8       CAMPAGE       AREA CODE       PHONE NUMBER       EXTENSION         Charge of Address       Temple, TX 76504       EXTENSION       Desolution (Attach PAC-DR)         10       Monthily       Index of Extension       Desolution (Attach PAC-DR)	RVOS Farm Mutual Insurance Group Political Action Committee					
4     COMMITTEE     ADDRESS / D BOX, APT / SUITE #; CITY, STATE; ZIP     Did/2024       4     COMMITTEE     P.O. Box 6106     Date Hand defined or Date Postmaned       5     CAMPAIGN     MS / MRS / MR     FIRST     MI       MS     MS/MRS / MR     Barbara Renee     Mi     Micropit # analytic       MKCNAME     LAST     SUFFX     Date Instanted       6     CAMPAIGN     STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE     Date Imaged       7     TERASURER STREET ADDRESS (NO PO BOX; PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE     Tample, TX 76504       7     CAMPAIGN TERASURER ADDRESS     STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE       2301 S. 37th SL     2301 S. 37th SL       ADDRESS     STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE       2301 S. 37th SL     2301 S. 37th SL       ADDRESS     STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE       2301 S. 37th SL     2301 S. 37th SL       ADDRESS     STREET ADDRESS       Image: Marken     STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE       2301 S. 37th SL     2301 S. 37th SL       ADDRESS     STREET ADDRESS       Image: Marken     STREET ADDRESS       MARKEN     FIRENCE       Image: Marken     AREA CODE <t< td=""><td></td><td></td><td></td><td></td></t<>						
4       COMMITTEE       ADDRESS / PO BOX;       APT / SUITE #;       CITY;       STATE;       ZIP         P.O. Box 6106						
ADDRESS P.O. Box 6106 Change of Address Temple, TX 76503-6106 CAMPAIGN TRRASURER NAME NAME NAME NAME NAME NOCKNAME LAST Renee Quinn CCAMPAIGN TRRASURER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TRRASURER THERASURER TREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2301 S. 37th St. 2301 S. 37th St. 2301 S. 37th St. 2301 S. 37th St. Change of Address Temple, TX 76504 CCAMPAIGN TRRASURER HALING CCAMPAIGN TRRASURER HALING CCAMPAIGN TRRASURER HALING TREASURER HALING CCAMPAIGN TRRASURER HALING TEMPLE TEMPLE, TX 76504 CCAMPAIGN TRRASURER HONE TRRASURER HALING CCAMPAIGN TRRASURER HALING CCAMPAIGN TRRASURER HALING CCAMPAIGN TRRASURER HALING TRRASURER HALING CCAMPAIGN TRRASURER HONE TRRASURER HONE TRRASURER HONE TRRASURER HONE CCAMPAIGN TRRASURER HONE TRRASURER TRRET TADDRESS TRRET TADDRESS TRRET TADDRESS TRRET TRRET TADDRESS TRRET	4 COMMITTEE	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP			
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6       CAMPAIGN TREASURER NAME       MS / MRS / MR       FIRST       MI         Ms.       Barbara Renee       Processed         NICKNAME       LAST       SUFFIX         Renee       Quinn       Date Processed         Outmonder       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE         STREET ADDRESS       STREET ADDRESS ON PO BOX; LASS; APT / SUITE #; CITY; STATE; ZIP CODE         7       CAMPAIGN TREASURER MALING ADDRESS       STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE         201 S. 37th SL.       STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE         201 S. 37th SL.       STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE         201 S. 37th SL.       STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE         201 S. 37th SL.       STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE         201 S. 37th SL.       2301 S. 37th SL.         201 Change of Address       Temple, TX 76504         8       CAMPAICN TREASURER PHONE       AREA CODE       PHONE NUMBER         PROORT TYPE       X Monthly       10th day after campaign treasurer termination       Dissolution (Attach PAC-DR)         10       Monthly       January 5       April 5       July 5       October 5         200 Ferod       Month	Change of Addres	<sup>s</sup> Temple, TX 76503-6106		Date Hand-delivered or Date Postmarked		
NAME     MS.     Barbara Renee     Model       NAME     NS.     Barbara Renee     Pare Processed       NICKNAME     LAST     SUFFIX       Renee     Quinn       6     CAMPAICN TREASURER ADDRESS (Readence or Business)     STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE; ZIP CODE       7     CAMPAIGN TREASURER MALING ADDRESS     STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE       201 S. 37th St.     STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE       201 S. 37th St.     2301 S. 37th St.       ADDRESS     Temple, TX 76504       8     CAMPAIGN TREASURER PHONE       201 S. 37th St.     APT / SUITE #; CITY: STATE; ZIP CODE       201 S. 37th St.     APT / SUITE #; CITY: STATE; ZIP CODE       201 S. 37th St.     APT / SUITE #; CITY: STATE; ZIP CODE       201 S. 37th St.     APT / SUITE #; CITY: STATE; ZIP CODE       201 S. 37th St.     APT / SUITE #; CITY: STATE; ZIP CODE       201 S. 37th St.     APT / SUITE #; CITY: STATE; ZIP CODE       9     REPORT TYPE     Yath Attract APACODE       9     REPORT TYPE     Xonthly     10th day after campaign     Dissolution (Attach PAC-DR)       10     MonthLY     January 5     April 5     July 5     October 5       201 S. 20224     January 5     July 5     December 5     De		MS / MRS / MR FIRST	MI	1		
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Renee     Quinn       6     CAMPAIGN TREASURER STREET ADDRESS (NO PO BOX PLEASE):     APT / SUITE #;     CITY;     STATE;     ZIP CODE       2301 S. 37th St.     Temple, TX 76504     Temple, TX 76504     Temple, TX 76504       7     CAMPAIGN TREASURER MAILING ADDRESS     STREET ADDRESS OR PO BOX;     APT / SUITE #;     CITY;     STATE;     ZIP CODE       2301 S. 37th St.     STREET ADDRESS OR PO BOX;     APT / SUITE #;     CITY;     STATE;     ZIP CODE       2301 S. 37th St.     STREET ADDRESS     TREASURER MAILING     APT / SUITE #;     CITY;     STATE;     ZIP CODE       9     REPORT TYPE     Image: Code     PHONE NUMBER     EXTENSION (254) 773-2181 x225     Dissolution (Attach PAC-DR)       9     REPORT TYPE     Image: Code     Monthly     Dissolution (Attach PAC-DR)       10     MONTHLY REPORT FILING DEADLINE     Image: Code     April 5     July 5     October 5       10     Month     Day S     August 5     November 5     December 5       11     PERIOD     Month     Day Year     THROUGH     Month     Day Year       11     PERIOD     Month     Day Year     THROUGH     Month     Day Year		NICKNAME LAST	SUEEI	· ·		
6       CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       Temple, TX 76504         7       CAMPAIGN TREASURER MAILING ADDRESS       STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         2301 S. 37th St.       APT / SUITE #; CITY: STATE; ZIP CODE         8       CAMPAIGN TREASURER PHONE       AREA CODE         9       REPORT TYPE       Xet AC CODE         10       MONTHLY REPORT FILING       January 5         9       APT						
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ADDRESS (Residence or Busines))       Temple, TX 76504         7       CAMPAIGN TREASURER MAILING ADDRESS       STREET ADDRESS OR PO BOX; 2301 S. 37th SL.       APT / SUITE #; CITY; STATE; ZIP CODE         2301 S. 37th SL.       2301 S. 37th SL.       Charge of Address         Charge of Address       Temple, TX 76504         8       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION (254) 773-2181 x225         9       REPORT TYPE       X Monthly       10th day after campaign treasurer termination       Dissolution (Attach PAC-DR)         10       MONTHLY REPORT FILING DEADLINE       January 5       April 5       July 5       October 5         Image of Address       Month       June 5       September 5       December 5         11       PERIOD COVERED       Month       Day       Year       THROUGH       Month       Day       Year         11       PERIOD COVERED       Month       Day       Year       THROUGH       Month       Day       Year						
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7       CAMPAIGN TREASURER MALING ADDRESS       STREET ADDRESS OR PO BOX; 2301 S. 37th St.       APT / SUITE #; CITY; STATE; ZIP CODE         201 S. 37th St.       2301 S. 37th St.       Temple, TX 76504         8       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9       REPORT TYPE       X Monthly       10th day after campaign treasurer termination       Dissolution (Attach PAC-DR)         10       MONTHLY REPORT FILING DEADLINE       January 5       April 5       July 5       October 5         11       PERIOD COVERED       Month       Day       Year       THROUGH       Month       Day       Year         11       PERIOD COVERED       Month       Day       Year       THROUGH       Month       Day       Year	(Residence or Business)	Temple, TX 76504				
TREASURER MALING ADDRESS       2301 S. 37th St.         Change of Address       Temple, TX 76504         8       CAMPAIGN TREASURER PHONE       AREA CODE (254) 773-2181 x225         9       REPORT TYPE         Image: Construction of the structure o	7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE: ZIP CODE		
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PHONE       (254) 773-2181 x225         9       REPORT TYPE       X Monthly       10th day after campaign treasurer termination       Dissolution (Attach PAC-DR)         10       MONTHLY REPORT FILING DEADLINE       3anuary 5       April 5       July 5       October 5         Image: Pebruary 5       May 5       August 5       X November 5         Image: Pebruary 5       June 5       September 5       December 5         Image: Pebruary 6       Month       Day       Year         11       PERIOD COVERED       Month       Day       Year         09/26/2024       THROUGH       Month       Day       Year         10/25/2024       THROUGH       10/25/2024       10/25/2024		AREA CODE PHONE NUMBER	EXTENSION			
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COVERED 09/26/2024 THROUGH 10/25/2024		March 5 Jun	e 5 September 5	December 5		
		Month Day Year	THROUGH			
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Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f	Forms provided by Te					
	REPORT FILING DEADLINE 11 PERIOD	February 5 May March 5 Jun Month Day Year 09/26/2024	/ 5 — August 5 e 5 — September 5 THROUGH 10/25/	X       November 5         December 5         Day       Year		
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## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
RVOS Farm Mutual Inst	urance Group Political	Action Committee	00069829	
14 COMMITTEE ACTIVITY	1. 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		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	328.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,315.86
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Barbara	Renee Quinr	1
		Signature of Car	-	
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

## FORM MPAC COVER SHEET PG 3

3 of 11

17 COMMITTE	EE NAME rm Mutual Insurance Group Political Action Committee	18 Filer ID 00069829	(Ethics Commission Filers)
	1		
19 SCHEDULI NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 328.22
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	<b>\$</b> 12.66
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

**SUBTOTALS - MPAC** 

The Instruction Guide explains how to complete this form.         2       FILER NAME         RVOS Farm Mutual Insurance Group Political Action Committee         4       Date         10/01/2024       5         Full name of contributor       out-of-state PAC (ID#:	1       Total pages Schedule A1:         Sch: 1/7 Rpt: 4/11         3       Filer ID (Ethics Commission Filers)         00069829        )       7         Amount of Contribution (\$)         \$5.00         e Instructions)
RVOS Farm Mutual Insurance Group Political Action Committee         4       Date       5       Full name of contributor       out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$) \$5.00
4 Date       5 Full name of contributor       out-of-state PAC (ID#:	) 7 Amount of Contribution (\$) \$5.00
10/01/2024       BURNETT, GREGORY         6       Contributor address; City; State; Zip Code         TEMPLE, TX 76502         8       Principal occupation / Job title (See Instructions) IT MANAGER         9       Employer (See RVOS FARM	\$5.00
6 Contributor address; City; State; Zip Code     TEMPLE, TX 76502     8 Principal occupation / Job title (See Instructions)     IT MANAGER     9 Employer (See     RVOS FARM	
TEMPLE, TX 76502         8 Principal occupation / Job title (See Instructions)         IT MANAGER         9 Employer (See RVOS FARM	Instructions)
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IT MANAGER RVOS FARM	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	1 MUTUAL INSURANCE COMPANY
	) Amount of Contribution (\$)
10/03/2024 BURNETT, GREGORY	\$10.00
Contributor address; City; State; Zip Code	
TEMPLE, TX 76502	
Principal occupation / Job title (See Instructions) Employer (See	
	1 MUTUAL INSURANCE COMPANY
Date         Full name of contributor         out-of-state PAC (ID#:)	
10/01/2024 CARLSON, STACY	\$2.50
Contributor address; City; State; Zip Code	
HOLLAND, TX 76534	
Principal occupation / Job title (See Instructions)Employer (SeeUNDERWRITERRVOS FARM	Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
10/03/2024 CARLSON, STACY	\$5.00
Contributor address; City; State; Zip Code	
HOLLAND, TX 76534	
Principal occupation / Job title (See Instructions) Employer (See	
	1 MUTUAL INSURANCE COMPANY
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$2.00
10/01/2024 GREEN, MARY	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
TEMPLE, TX 76502	
TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) Employer (See	e Instructions) 1 MUTUAL INSURANCE COMPANY

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/11 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **RVOS Farm Mutual Insurance Group Political Action Committee** 00069829 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/03/2024 GREEN, MARY \$4.00 6 Contributor address; City; State; Zip Code **TEMPLE, TX 76502** Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) UNDERWRITING ADMIN ASST **RVOS FARM MUTUAL INSURANCE COMPANY** Date out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor 10/01/2024 GREENMAN, CHERIME \$5.00 Contributor address; City; State; Zip Code EDDY, TX 76524 Principal occupation / Job title (See Instructions) Employer (See Instructions) **OPERATIONS MANAGER** RVOS FARM MUTUAL INSURANCE COMPANY Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ 10/03/2024 GREENMAN, CHERIME \$10.00 Contributor address; City; State; Zip Code EDDY, TX 76524 Principal occupation / Job title (See Instructions) Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY **OPERATIONS MANAGER** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/01/2024 \$5.00 HUTKA, AMBER Contributor address; City; State; Zip Code ROGERS, TX 76569 Principal occupation / Job title (See Instructions) Employer (See Instructions) STAFF CLAIMS ADJUSTER **RVOS FARM MUTUAL INSURANCE COMPANY** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/03/2024 \$10.00 HUTKA, AMBER Contributor address; City; State; Zip Code ROGERS, TX 76569 Principal occupation / Job title (See Instructions) Employer (See Instructions) STAFF CLAIMS ADJUSTER **RVOS FARM MUTUAL INSURANCE COMPANY**

2 FILER NAME	xplains how to complete this			
		form.	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/11	
DV/OS Earm Mutual Insurance			3 Filer ID (Ethics Commission	Filers)
RVUS Failli mutuai insurant	e Group Political Action Committee	<del>j</del>	00069829	
4 Date 5 Full name of c	contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/01/2024 HYKEL, RIC	HARD (Mr.)			\$10.00
6 Contributor ac	ldress; City; State; Zip Code			
TROY, TX 7		<u> </u>		
8 Principal occupation / Job title (S	See Instructions)	9 Employer (See Instructions		
DIRECTOR		RVOS FARM MUTUAL	-	
Date Full name of c		)	Amount of Contribution (\$)	
10/01/2024 JACKSON, V				\$9.62
Contributor ac	ldress; City; State; Zip Code			
	/ 70500			
TEMPLE, T				
Principal occupation / Job title (S VICE PRESIDENT	see Instructions)	Employer (See Instructions	s) INSURANCE COMPANY	
E Contraction of the second seco			1	
Date Full name of c		)	Amount of Contribution (\$)	+
				\$19.24
10/03/2024 JACKSON, V				
	WESLEY Idress; City; State; Zip Code			
Contributor ac	ldress; City; State; Zip Code			
Contributor ac TEMPLE, T>	ldress; City; State; Zip Code X 76502	Employer (See Instructions		
Contributor ac TEMPLE, T> Principal occupation / Job title (S	ldress; City; State; Zip Code X 76502	Employer (See Instructions	,	
Contributor ac TEMPLE, T> Principal occupation / Job title (S VICE PRESIDENT	Idress; City; State; Zip Code K 76502 See Instructions)	RVOS FARM MUTUAL	INSURANCE COMPANY	
Contributor ac TEMPLE, T> Principal occupation / Job title (S VICE PRESIDENT Date Full name of c	Idress; City; State; Zip Code K 76502 See Instructions) contributor out-of-state PAC (ID#:	RVOS FARM MUTUAL	,	
Contributor ac TEMPLE, TX Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E	ddress; City; State; Zip Code X 76502 See Instructions) contributor out-of-state PAC (ID#: STEBAN	RVOS FARM MUTUAL	INSURANCE COMPANY	\$2.00
Contributor ac TEMPLE, TX Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E	Idress; City; State; Zip Code K 76502 See Instructions) contributor out-of-state PAC (ID#:	RVOS FARM MUTUAL	INSURANCE COMPANY	
Contributor ac TEMPLE, TX Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E	ddress; City; State; Zip Code X 76502 See Instructions) contributor out-of-state PAC (ID#: STEBAN	RVOS FARM MUTUAL	INSURANCE COMPANY	
Contributor ac TEMPLE, TX Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E	Idress; City; State; Zip Code X 76502 See Instructions) contributor out-of-state PAC (ID#: STEBAN Idress; City; State; Zip Code	RVOS FARM MUTUAL	INSURANCE COMPANY	
Contributor ac TEMPLE, T> Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T>	Idress; City; State; Zip Code < 76502 See Instructions) contributor out-of-state PAC (ID#: STEBAN Idress; City; State; Zip Code < 76502	RVOS FARM MUTUAL	Amount of Contribution (\$)	
Contributor ac TEMPLE, T> Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac	Idress; City; State; Zip Code < 76502 See Instructions) contributor out-of-state PAC (ID#: STEBAN Idress; City; State; Zip Code < 76502 See Instructions)	Employer (See Instructions	Amount of Contribution (\$)	
Contributor ac TEMPLE, T> Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T> Principal occupation / Job title (S CUSTOMER RELATIONS S	Idress; City; State; Zip Code Contributor out-of-state PAC (ID#: Contributor out-of-state PAC (ID#: Contributor city; State; Zip Code K 76502 See Instructions) PECIALIST	Employer (See Instructions RVOS FARM MUTUAL	Amount of Contribution (\$) Amount of Contribution (\$) s) INSURANCE COMPANY	
Contributor ac TEMPLE, T> Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T> Principal occupation / Job title (S CUSTOMER RELATIONS S	Idress; City; State; Zip Code	Employer (See Instructions RVOS FARM MUTUAL	Amount of Contribution (\$)	\$2.00
Contributor ac TEMPLE, T) Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T) Principal occupation / Job title (S CUSTOMER RELATIONS S Date Full name of c 10/03/2024 JIMENEZ, E	Idress; City; State; Zip Code	Employer (See Instructions RVOS FARM MUTUAL	Amount of Contribution (\$) Amount of Contribution (\$) s) INSURANCE COMPANY	
Contributor ac TEMPLE, T) Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T) Principal occupation / Job title (S CUSTOMER RELATIONS S Date Full name of c 10/03/2024 JIMENEZ, E	Idress; City; State; Zip Code	Employer (See Instructions RVOS FARM MUTUAL	Amount of Contribution (\$) Amount of Contribution (\$) s) INSURANCE COMPANY	\$2.00
Contributor ac TEMPLE, T) Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T) Principal occupation / Job title (S CUSTOMER RELATIONS S Date Full name of c 10/03/2024 JIMENEZ, E	Idress; City; State; Zip Code	Employer (See Instructions RVOS FARM MUTUAL	Amount of Contribution (\$) Amount of Contribution (\$) s) INSURANCE COMPANY	\$2.00
Contributor ac TEMPLE, T) Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T) Principal occupation / Job title (S CUSTOMER RELATIONS S Date Full name of c 10/03/2024 JIMENEZ, E	Idress; City; State; Zip Code < 76502 See Instructions) contributor	Employer (See Instructions RVOS FARM MUTUAL	Amount of Contribution (\$) Amount of Contribution (\$) s) INSURANCE COMPANY	\$2.00
Contributor ac TEMPLE, T) Principal occupation / Job title (S VICE PRESIDENT Date Full name of c 10/01/2024 JIMENEZ, E Contributor ac TEMPLE, T) Principal occupation / Job title (S CUSTOMER RELATIONS S) Date Full name of c 10/03/2024 JIMENEZ, E Contributor ac	Idress; City; State; Zip Code Crossing Code Crossing Code Crossing Code Contributor	Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY Amount of Contribution (\$) S) INSURANCE COMPANY Amount of Contribution (\$)	\$2.00

The Instruct	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/11	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	)
RVOS Farm N	RVOS Farm Mutual Insurance Group Political Action Committee		00069829	
4 Date 5	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
10/01/2024	MCANAW, GREGORY		\$5	5.00
ē	6 Contributor address; City; State; Zip Code		•	
	Temple, TX 76502			
	ation / Job title (See Instructions)	9 Employer (See Instructions	,	
CLAIMS MAN	IAGER	RVOS FARM MUTUAL	INSURANCE COMPANY	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/03/2024	MCANAW, GREGORY		\$10	0.00
	Contributor address; City; State; Zip Code		1	
	Temple, TX 76502	<u> </u>		
	ation / Job title (See Instructions)	Employer (See Instructions	,	
CLAIMS MAN			INSURANCE COMPANY	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
10/01/2024	QUINN, BARBARA		\$10	0.00
	Contributor address; City; State; Zip Code			
	TEMPLE, TX 76502			
Bringing occurs	Dation / Job title (See Instructions)	Employer (See Instructions		
			») INSURANCE COMPANY	
			1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	~ ^^
10/03/2024	QUINN, BARBARA		- Φ2υ	0.00
	Contributor address; City; State; Zip Code			
	TEMPLE, TX 76502			
Principal occup	bation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
CONTROLLE			INSURANCE COMPANY	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	—
10/01/2024	SANDEFUR, AMBER			2.00
	Contributor address; City; State; Zip Code		· ·	
	TEMPLE, TX 76502			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
UNDERWRIT			INSURANCE COMPANY	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/11
2	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
		Mutual Insurance Group Political Action Committee		00069829
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		<ul><li>7 Amount of Contribution (\$)</li></ul>
	10/03/2024	SANDEFUR, AMBER	/	\$4.00
	10/00/202	6 Contributor address; City; State; Zip Code		
		b Contributor address, City, State, Zip Code		
		TEMPLE, TX 76502		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
ľ	UNDERWRI			INSURANCE COMPANY
┝				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/01/2024	SHOCKLEY, WILEY		\$20.00
		Contributor address; City; State; Zip Code		
		BELTON, TX 76513	•	
		upation / Job title (See Instructions)	Employer (See Instructions	,
	PRESIDENT	- 	RVOS FARM MUTUAL	INSURANCE COMPANY
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/03/2024	SHOCKLEY, WILEY		\$40.00
	I	Contributor address; City; State; Zip Code		1
		BELTON, TX 76513		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
	PRESIDENT	ſ	RVOS FARM MUTUAL	INSURANCE COMPANY
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	10/01/2024	SMITH, JAMES		\$9.62
	10,01,	Contributor address; City; State; Zip Code		•
		Contributor address, City, State, Zip Code		
		TEMPLE, TX 76504		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	SECRETAR			INSURANCE COMPANY
╞				1
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/03/2024	SMITH, JAMES		\$19.24
		Contributor address; City; State; Zip Code		
		TEMPLE, TX 76504	•	
		upation / Job title (See Instructions)	Employer (See Instructions	
	SECRETAR	Y	RVOS FARM MUTUAL	INSURANCE COMPANY

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/7 Rpt: 9/11 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **RVOS Farm Mutual Insurance Group Political Action Committee** 00069829 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/01/2024 SULAK, IRENE \$10.00 6 Contributor address; City; State; Zip Code **TEMPLE, TX 76501** Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) VICE PRESIDENT OPERATIONS **RVOS FARM MUTUAL INSURANCE COMPANY** Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/03/2024 SULAK, IRENE \$20.00 Contributor address; City; State; Zip Code TEMPLE, TX 76501 Principal occupation / Job title (See Instructions) Employer (See Instructions) VICE PRESIDENT OPERATIONS RVOS FARM MUTUAL INSURANCE COMPANY Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ ) 10/01/2024 TIRCUIT, SHEILA \$3.00 Contributor address; City; State; Zip Code ROGERS, TX 76569 Principal occupation / Job title (See Instructions) Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY ADMINISTRATIVE ASST.-MGA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/03/2024 \$6.00 TIRCUIT, SHEILA Contributor address; City; State; Zip Code ROGERS, TX 76569 Principal occupation / Job title (See Instructions) Employer (See Instructions) ADMINISTRATIVE ASST.-MGA **RVOS FARM MUTUAL INSURANCE COMPANY** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/01/2024 \$10.00 Thoma, Ryan Contributor address; City; State; Zip Code San Angelo, TX 76904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director RVOS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/11
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	n Mutual Insurance Group Political Action Committee		00069829
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/01/2024	WON, BEN (Mr.)		\$10.00
	6 Contributor address; City; State; Zip Code		1
	BELTON, TX 76513		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
QA/SUPPO	RT MANAGER	RVOS FARM MUTUAL	INSURANCE COMPANY
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	—		\$20.00
	Contributor address; City; State; Zip Code		•
	BELTON, TX 76513		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
QA/SUPPO	RT MANAGER	RVOS FARM MUTUAL	INSURANCE COMPANY
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/01/2024			\$2.00
	Contributor address; City; State; Zip Code		
	TEMPLE, TX 76502		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)
HOMEOWN	NER UNDERWRITER	RVOS FARM MUTUAL	INSURANCE COMPANY
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024			\$4.00
	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	TEMPLE, TX 76502		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	1s)
-	IER UNDERWRITER		INSURANCE COMPANY

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 1 Total pages Schedule I: 3 **RVOS Farm Mutual Insurance Group Political Action** 00069829 Sch: 1/1 Rpt: 4 Date 5 Payee name 10/11/2024 Wells Fargo Bank N.A. Amount (\$) Payee Address; City; State; Zip 6 7 420 Montgomery Street 12.66 Expenditure from San Francisco, CA 94104 corporate funds (a) Category (See instructions for examples of acceptable categories) 8 PURPOSE (b) Description (See instructions regarding type of information required.) OF EXPENDITURE Accounting/Banking **Client Analysis Fee** 

SCHEDULE I