

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015644	2 Total pages filed: 32	
3 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC			<b>OFFICE USE ONLY</b>	
			Date Received ELECTRONICALLY FILED 12/04/2024	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3755 Attucks Drive  Powell, OH 43065		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Daniel	MI MI	Receipt #                      Amount
	NICKNAME	LAST O'Connell	SUFFIX	Date Processed
				Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3755 Attucks Drive  Powell, OH 43065			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1250 S. Capitol of TX Hwy. Bldg. 3 Ste. 400 Austin, TX 78746			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	716-8800		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input checked="" type="checkbox"/> December 5			
11 PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year	
	10/26/2024		11/25/2024	

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Ben Bumgarner State Representative

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,049.20
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 83,342.24
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Daniel O'Connell  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# MONTHLY FILING GPAC REPORT: PURPOSE

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<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Caroline Harris Davila State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Brad Buckley State Representative

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Barry State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# MONTHLY FILING GPAC REPORT: PURPOSE

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<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Trey Wharton    State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	John Lujan    State Representative

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Marc LaHood    State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Ann Johnson State Representative	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Briscoe Caine State Representative	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Philip Cortez State Representative	

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<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Lacey Hull State Representative
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Mary Ann Perez State Representative
<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Denise Villalobos State Representative  B. Opposed	
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

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<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Lauren Simmons State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Phil King State Senator
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Brian Birdwell State Senator

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<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Donna Campbell State Senator
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Brandon Creighton State Senator
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Nathan Johnson State Senator



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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Lois Kolkhorst State Senator	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Jose Menendez State Senator	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Mayes Middleton State Senator	

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<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported
		B. Opposed
	<b>2. Measures</b> <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> <small>(Identify by name or, if applicable, classify by party.)</small>	Robert Nichols State Senator

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported
		B. Opposed
	<b>2. Measures</b> <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> <small>(Identify by name or, if applicable, classify by party.)</small>	Judith Zaffirini State Senator

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported
		B. Opposed
	<b>2. Measures</b> <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> <small>(Identify by name or, if applicable, classify by party.)</small>	Greg Abbott Governor

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Dan Patrick Lieutenant Governor	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Dade Phelan State Representative	

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00015644
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,709.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 340.20
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,000.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/16 Rpt: 13/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aaron, Cappilla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79121-1044	<b>7</b> Amount of Contribution (\$)  \$8.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent/Owner		<b>9</b> Employer (See Instructions) Aaron Cappilla farmers insurance agency
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alan, Holland <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-4412	Amount of Contribution (\$)  \$3.40
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Principal
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alyson, Guest <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042-5118	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) MetLife Premier Client Group
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey, Baker <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-4115	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barry, Malone <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-1225	Amount of Contribution (\$)  \$16.80
Principal occupation / Job title (See Instructions) Financial Professional		Employer (See Instructions) Level Four Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/16 Rpt: 14/32
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benjamin, Gerald	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code  McKinney, TX 75069-4588	
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Audible Financial Group
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brandon, Green	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Katy, TX 77450-1004	
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Third Rail Financial, LLC
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brent, Hill	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76114-4336	
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) Professional Insurance Svcs
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carol, Metteauer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Palestine, TX 75803-6850	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Carol Metteauer
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caroline, Welch	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Lakeway, TX 78738-1007	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/16 Rpt: 15/32
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chane, Reagan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Montgomery, TX 77316-6882	
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) AuguStar Financial Services
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky	Amount of Contribution (\$) \$33.60
	Contributor address; City; State; Zip Code  Brenham, TX 77833-4605	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri, Stanwix	Amount of Contribution (\$) \$16.80
	Contributor address; City; State; Zip Code  Celina, TX 75009-4630	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Stanwix Insurance & Benefits
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissman, Crombie	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Benbrook, TX 76126-4525	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Crombie Financial Group, llc
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Price	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79106-5730	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life Insurance CO & NYLIFE Securities

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/16 Rpt: 16/32
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danny, O'Connell	7 Amount of Contribution (\$) \$84.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75225-2114	
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Next Level Insurance Agency, LLC
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Bronstad	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Bryan, TX 77802-4301	
Principal occupation / Job title (See Instructions) Financial Representative		Employer (See Instructions) Thrivent Financial
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Farabee	Amount of Contribution (\$) \$6.80
	Contributor address; City; State; Zip Code  Wichita Falls, TX 76301-6824	
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Webb	Amount of Contribution (\$) \$34.00
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-1388	
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Pioneer Financial Group
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deborah, Gary	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code  Karnack, TX 75661-0323	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Texas Farm Bureau Insurance



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/16 Rpt: 17/32
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Midland, TX 79701-5515	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Carter Financial Group
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Boozer	Amount of Contribution (\$) \$6.80
	Contributor address; City; State; Zip Code  Denton, TX 76205-8008	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Don Boozer & Assoc.
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Hutto	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code  Burleson, TX 76028-3264	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Hutto Insurance Services
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Friedeck	Amount of Contribution (\$) \$4.80
	Contributor address; City; State; Zip Code  San Antonio, TX 78240-3304	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Friedeck & Associates Inc.
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  San Angelo, TX 76904-5772	
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) OFG Financial Services, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/16 Rpt: 18/32
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey	7 Amount of Contribution (\$)  \$120.00
	6 Contributor address; City; State; Zip Code  San Angelo, TX 76904-5772	
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) OFG Financial Services, Inc.
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Vickers	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Bryan, TX 77808-8402	
Principal occupation / Job title (See Instructions) Financial_Advisor		Employer (See Instructions) Mutual of Omaha Companies
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Marvin	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78248-1705	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Ed Marvin Insurance Brokerage
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Cisneros	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Socorro, TX 79927-3398	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Enrique Cisneros Insurance
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Forsythe	Amount of Contribution (\$)  \$4.00
	Contributor address; City; State; Zip Code  Houston, TX 77057-4732	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Northwestern Mutual

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/16 Rpt: 19/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Filemon, Esquivel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingsville, TX 78363-5774	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$3.40</span>
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) New York Life
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gary, Kneip <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77905-3178	Amount of Contribution (\$) <span style="float:right">\$6.80</span>
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Crossroads Insurance Professionals Inc.
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gary, Schmiedekamp <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502-3673	Amount of Contribution (\$) <span style="float:right">\$10.00</span>
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gloria, Guzman <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936-6231	Amount of Contribution (\$) <span style="float:right">\$6.80</span>
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Guardian
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grover, Brillhart <hr/> Contributor address; City; State; Zip Code  Wylie, TX 75098-4036	Amount of Contribution (\$) <span style="float:right">\$34.00</span>
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Penn Mutual Wealth Strategies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/16 Rpt: 20/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollie, Gandy Donohue <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79106-4633	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) OwnerSenior Producer		<b>9</b> Employer (See Instructions) Safe Money Solutions
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jack, Knight <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109-5908	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Agency Owner		Employer (See Instructions) Jack Knight Insurance Assoc
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Burghard <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78217-4011	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) James O. Burghard Financial Services
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jason, Mickey <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388-5012	Amount of Contribution (\$)  \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor, Managing Associate		Employer (See Instructions) Wealth Design Group
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jay, Schroeder <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77833-5067	Amount of Contribution (\$)  \$4.80
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Southern Farm Bureau Life Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/16 Rpt: 21/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jim, Hutson	<b>7</b> Amount of Contribution (\$)  \$12.00
<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109-5039		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) The Jim Hutson Agency, LLC
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joey, Ussery	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  Bellville, TX 77418-3822		
Principal occupation / Job title (See Instructions) Regional V.P.		Employer (See Instructions) John Hancock Life Insurance
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John, Brieden	Amount of Contribution (\$)  \$6.80
Contributor address; City; State; Zip Code  Brenham, TX 77833-4916		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John, Denton	Amount of Contribution (\$)  \$3.40
Contributor address; City; State; Zip Code  Amarillo, TX 79109-3534		
Principal occupation / Job title (See Instructions) Field_Representative		Employer (See Instructions) Northwestern Mutual
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John, Rivard	Amount of Contribution (\$)  \$4.00
Contributor address; City; State; Zip Code  Dallas, TX 75214-2614		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Borden Hamman Agency

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/16 Rpt: 22/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John, Still <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-3586	<b>7</b> Amount of Contribution (\$)  \$6.80
<b>8</b> Principal occupation / Job title (See Instructions) Agent/Owner		<b>9</b> Employer (See Instructions) Still Financial Group
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John, Wheeler Jr. <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356-1798	Amount of Contribution (\$)  \$168.00
Principal occupation / Job title (See Instructions) Executive Senior Partner		Employer (See Instructions) Totus Wealth Management LLC
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jon, Sharp <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904-3392	Amount of Contribution (\$)  \$3.40
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) National Life
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Kerr <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634-2143	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Kerr Financial Services
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Orr <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79904-2514	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Texas Hillside Financial

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/16 Rpt: 23/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karen, True <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214-3188	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Vice President		<b>9</b> Employer (See Instructions) NAIFA - Dallas
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ken, Quach <hr/> Contributor address; City; State; Zip Code  Fulshear, TX 77441-2505	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent/Broker		Employer (See Instructions) Ken Quach Insurance Agency
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirk, Haworth <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79159-0265	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Haworth Company
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lane, Boozer <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205-8008	Amount of Contribution (\$)  \$34.00
Principal occupation / Job title (See Instructions) Vice President - Marketing		Employer (See Instructions) Don Boozer & Assoc.
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lannie, Jackson <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-4007	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Jackson Benefits Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/16 Rpt: 24/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lesley, Pinckard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76135-4424	<b>7</b> Amount of Contribution (\$)  \$22.80
<b>8</b> Principal occupation / Job title (See Instructions) Financial Advisor		<b>9</b> Employer (See Instructions) LP Insurance and Financial Services
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linda, Goss <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641-3802	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Linda Goss
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mark, Warren <hr/> Contributor address; City; State; Zip Code  Plainview, TX 79073-0626	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Retired
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marvin, Spreen <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77833-7708	Amount of Contribution (\$)  \$20.80
Principal occupation / Job title (See Instructions) Financial Associate		Employer (See Instructions) Thrivent Financial
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michael, Evans <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-3404	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Brokerage Manager		Employer (See Instructions) The DI Center



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/16 Rpt: 25/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Wilder	<b>7</b> Amount of Contribution (\$) \$3.40
<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024-6324		
<b>8</b> Principal occupation / Job title (See Instructions) Agent Advisor		<b>9</b> Employer (See Instructions) The Shamrock Group
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hopper	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Carrollton, TX 75007-2422		
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) National Life
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando, Barrera	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-2634		
Principal occupation / Job title (See Instructions) Agency_Owner		Employer (See Instructions) Roland Barrera Insurance
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald, Botello	Amount of Contribution (\$) \$16.00
Contributor address; City; State; Zip Code  San Antonio, TX 78248-2102		
Principal occupation / Job title (See Instructions) Investment Advisor Representative		Employer (See Instructions) Platinum Wealth Solutions of Texas
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronny, Bryant	Amount of Contribution (\$) \$6.80
Contributor address; City; State; Zip Code  Abilene, TX 79602-6105		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Perry Hunter Hall

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/16 Rpt: 26/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruth, Shannon	<b>7</b> Amount of Contribution (\$)  \$34.00
<b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077-1859		
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) RUTH SHANNON STATE FARM
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Ward	Amount of Contribution (\$)  \$3.40
Contributor address; City; State; Zip Code  Longview, TX 75605-7347		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Ward Agency
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) T., Littleton	Amount of Contribution (\$)  \$34.00
Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-2964		
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) NAIFA-Pineywoods of East Texas
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Mahony	Amount of Contribution (\$)  \$6.80
Contributor address; City; State; Zip Code  Ft Worth, TX 76132-1518		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TMA Financial
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Timothy, Roels	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76116-5604		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Marketing Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/16 Rpt: 27/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tracy, Miller	<b>7</b> Amount of Contribution (\$)  \$8.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056-6239		
<b>8</b> Principal occupation / Job title (See Instructions) Agent Advisor		<b>9</b> Employer (See Instructions) TMiller Financial
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Victoria, Henly	Amount of Contribution (\$)  \$8.00
Contributor address; City; State; Zip Code  San Augustine, TX 75972-1324		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Henly Insurance
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wes, Wessel	Amount of Contribution (\$)  \$40.00
Contributor address; City; State; Zip Code  Willis, TX 77318-6431		
Principal occupation / Job title (See Instructions) General Agent		Employer (See Instructions) National Life
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) William, Montague	Amount of Contribution (\$)  \$4.00
Contributor address; City; State; Zip Code  Garland, TX 75044-3531		
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) National Life
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) William, Splawn	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Houston, TX 77077-5513		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Splawn & Associates

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/16 Rpt: 28/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yuka, Nakahara-Goven	<b>7</b> Amount of Contribution (\$) \$36.00
	<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007-4852	
<b>8</b> Principal occupation / Job title (See Instructions) Agent Advisor		<b>9</b> Employer (See Instructions) New York Life

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/3 Rpt: 29/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Corporation / Labor Organization name Annie <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Corpus Christi, TX 78413-4825	<b>7</b> Amount of contribution (\$)  \$6.00
Date 11/10/2024	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code  Elkhart, TX 75839-5116	Amount of contribution (\$)  \$6.80
Date 11/10/2024	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code  Decatur, TX 76234-1373	Amount of contribution (\$)  \$16.80
Date 11/10/2024	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code  Plano, TX 75075-7729	Amount of contribution (\$)  \$6.80
Date 11/10/2024	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code  Tomball, TX 77377-8649	Amount of contribution (\$)  \$4.00
Date 11/10/2024	Corporation / Labor Organization name Jason <hr/> Corporation / Labor Organization address; City; State; Zip Code  Floresville, TX 78114-0576	Amount of contribution (\$)  \$84.00
Date 11/10/2024	Corporation / Labor Organization name Jim <hr/> Corporation / Labor Organization address; City; State; Zip Code  Eastland, TX 76448-0895	Amount of contribution (\$)  \$6.80

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 2/3 Rpt: 30/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Corporation / Labor Organization name Joe <b>6</b> Corporation / Labor Organization address; City; State; Zip Code Fort Worth, TX 76116-1620	<b>7</b> Amount of contribution (\$) \$3.40
Date 11/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-8716	Amount of contribution (\$) \$10.00
Date 11/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	Amount of contribution (\$) \$100.00
Date 11/10/2024	Corporation / Labor Organization name Keith Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78258-7540	Amount of contribution (\$) \$20.00
Date 11/10/2024	Corporation / Labor Organization name Kenny Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79119-6438	Amount of contribution (\$) \$4.00
Date 11/10/2024	Corporation / Labor Organization name Lilia Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$6.80
Date 11/10/2024	Corporation / Labor Organization name Michael Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78270-1307	Amount of contribution (\$) \$10.00

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 3/3 Rpt: 31/32
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/10/2024	<b>5</b> Corporation / Labor Organization name Michael	<b>7</b> Amount of contribution (\$) \$6.80
	<b>6</b> Corporation / Labor Organization address; City; State; Zip Code  HEATH, TX 75032-5998	
Date 11/10/2024	Corporation / Labor Organization name Peter	Amount of contribution (\$) \$10.00
	Corporation / Labor Organization address; City; State; Zip Code  Spring, TX 77379-2542	
Date 11/10/2024	Corporation / Labor Organization name Raymond	Amount of contribution (\$) \$8.00
	Corporation / Labor Organization address; City; State; Zip Code  Pearland, TX 77581-5853	
Date 11/10/2024	Corporation / Labor Organization name Rodney	Amount of contribution (\$) \$20.00
	Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78732-2453	
Date 11/10/2024	Corporation / Labor Organization name Vincente	Amount of contribution (\$) \$10.00
	Corporation / Labor Organization address; City; State; Zip Code  Amarillo, TX 79118-9390	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt:	<b>2</b> FILER NAME National Association of Insurance and Financial	<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 11/04/2024	<b>5</b> Payee name NAIFA-Texas	
<b>6</b> Amount (\$) 2,000.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Monthly Admin Fee to manage PAC