FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069829 3 COMMITTEE NAME **OFFICE USE ONLY** RVOS Farm Mutual Insurance Group Political Action Committee Date Received **ELECTRONICALLY FILED** 01/03/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 6106 Change of Address Temple, TX 76503-6106 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Barbara Renee NAME Date Processed NICKNAME **SUFFIX** LAST Renee Date Imaged Quinn CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2301 S. 37th St. STREET **ADDRESS** (Residence or Business) Temple, TX 76504 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2301 S. 37th St. MAILING **ADDRESS** Change of Address Temple, TX 76504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (254) 773-2181 x225 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)
RVOS Farm Mutual Ins	surance Group Political	Action Committe	ee	000	69829	
4 COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2 Managuras	A. Supported				
	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.)				-	
.5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEE MADE ELECTRON	ICALLY)	IAN	\$	0.00
	2. TOTAL POLITICA			110)	\$	225.48
-=======	`		R GUARANTEES OF LOAI	NS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXF	PENDITURES		\$	0.00
	4. TOTAL POLITICA	AL EXPENDITUE	RES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		MAINTAINED AS OF THE	LAST DAY	\$	5,819.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE		OUTSTANDING LOANS A	AS OF THE	\$	0.00
.6 AFFIDAVIT	· ·				<u> </u>	
		true	vear, or affirm, under penalt e and correct and includes a der Title 15, Election Code.	ty of perjury, th all information ı	at the ac equired	ecompanying report is to be reported by me
			Ms. Ba	arbara Renee	e Quinn	
			Signature	e of Campaign	Treasur	er
AFFIX NOTARY	' STAMP / SEAL ABOVE					
Sworn to and subscribed	before me. by the said			. this the		day
	, 20, to certify \			,		
Signature of officer ad	Iministering oath	Printed name of o	officer administering oath	Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 11
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission F	-ilers)
RV	OS Fai	m Mutual Insurance Group Political Action Committee	00069829	•	·
19 SCI	HEDULI	SUBTOTALS			
l		SCHEDULE		SUBTOTAL AMO	OUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	225.48
				ļ ·	
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	Ш	SCHEDOLE AZ. NON MONETARY (IN KIND) I SEMICAL CONTRIBUTIONS) D	
_					
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORROBATION OR LARC	ND.		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	VK.	\$	
-					
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
		LABOR ORGANIZATION		<u> </u>	
_		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIIZATIONI		
6.	Ш	SCHEDULE CS. MONETART SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
				ļ ·	
9.	П	SCHEDULE E: LOANS		\$	
]	ш	SOTIED DE E. ESTANO		3	
4.0		COLUMN S E4 DOLUTION EVENINITURES EDOM DOLUTION CONTRIBUTION	2		
10.	Ш	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				ļ ·	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
15.	Ш	SCHEDOLE 14. EXPENDITORES MADE BY GREDIT GARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	37.00
		COLUED III E 1/2 INTEREST, OREDITO, OANNO REFUNDO, AND CONTRIBUTIONS	DETUDNED		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
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TEMPLE, TX 76502 8 Principal occupation / Job title (See Instructions) IT MANAGER Date 12/12/2024 Date 12/12/2024 Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) IT MANAGER Date 12/105/2024 Principal occupation / Job title (See Instructions) IT MANAGER Date 12/105/2024 Principal occupation / Job title (See Instructions) INDERWRITER Date Full name of contributor		MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
RVOS Farm Mutual Insurance Group Political Action Committee 00069829		The Instru	ction Guide explains how to comp	lete this forr	n.	1		
Date 12/05/2024 S Full name of contributor	2		Mutual Insurance Group Political Action	Committee		3		Filers)
B Principal occupation / Job title (See Instructions) IT MANAGER Date Full name of contributor	4	Date	5 Full name of contributor out-of-st BURNETT, GREGORY	ate PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
Date Full name of contributor out-of-state PAC (ID#:			TEMPLE, TX 76502					
12/12/2024 BURNETT, GREGORY S5. Contributor address; City; State; Zip Code TEMPLE, TX 76502	8			9	. , ,	′	SURANCE COMPANY	
Principal occupation / Job title (See Instructions) IT MANAGER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY			BURNETT, GREGORY)		Amount of Contribution (\$)	\$5.00
Date Full name of contributor out-of-state PAC (ID#:		Principal occu	· ·		Employer (See Instructions	;) 		
12/05/2024 CARLSON, STACY Contributor address; City; State; Zip Code HOLLAND, TX 76534 Principal occupation / Job title (See Instructions) UNDERWRITER Date 12/12/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) CARLSON, STACY Contributor address; City; State; Zip Code HOLLAND, TX 76534 Principal occupation / Job title (See Instructions) UNDERWRITER Date HOLLAND, TX 76534 Principal occupation / Job title (See Instructions) UNDERWRITER Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/05/2024 GREEN, MARY Contributor address; City; State; Zip Code TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) \$2.							SURANCE COMPANY	
Principal occupation / Job title (See Instructions) UNDERWRITER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY			CARLSON, STACY				Amount of Contribution (\$)	\$2.50
Date Full name of contributor out-of-state PAC (ID#:			HOLLAND, TX 76534					
12/12/2024 CARLSON, STACY Contributor address; City; State; Zip Code HOLLAND, TX 76534 Principal occupation / Job title (See Instructions) UNDERWRITER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Date 12/05/2024 GREEN, MARY GREEN, MARY Contributor address; City; State; Zip Code TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)					, , ,		SURANCE COMPANY	
Principal occupation / Job title (See Instructions) UNDERWRITER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Date 12/05/2024 GREEN, MARY Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2. Employer (See Instructions)			CARLSON, STACY Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$2.50
12/05/2024 GREEN, MARY Contributor address; City; State; Zip Code TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions)		•	pation / Job title (See Instructions)				SURANCE COMPANY	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			GREEN, MARY Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$2.00
UNDERWRITING ADMIN ASST RVOS FARM MUTUAL INSURANCE COMPANY		•	pation / Job title (See Instructions)					
		UNDERWRI	TING ADMIN ASST		RVOS FARM MUTUAL	IN:	SURANCE COMPANY	

	MONEI	ARY POLITICAL CONTRI	BUTION	15	SCHEDULE A1	1
	The Instruc	ction Guide explains how to comple	ete this for	m.	1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/11	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action C	Committee		3 Filer ID (Ethics Commission Filers) 00069829	
4	Date 12/12/2024	·	e PAC (ID#:		7 Amount of Contribution (\$)	.00
_	Dringing! aggs	TEMPLE, TX 76502	lo.	Employer (Coo Instructions		
8		pation / Job title (See Instructions) TING ADMIN ASST	9	Employer (See Instructions RVOS FARM MUTUAL	L INSURANCE COMPANY	
	Date 12/05/2024	Full name of contributor out-of-state GREENMAN, CHERIME Contributor address; City; State; Zip Code	e PAC (ID#:		Amount of Contribution (\$)	.00
	Dringing! aggs	EDDY, TX 76524		Employer (Coo Instructions		
	·	pation / Job title (See Instructions) NS MANAGER		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 12/12/2024	Full name of contributor out-of-state GREENMAN, CHERIME Contributor address; City; State; Zip Code	e PAC (ID#:		Amount of Contribution (\$) 	.00
		EDDY, TX 76524				
		pation / Job title (See Instructions) NS MANAGER		Employer (See Instructions RVOS FARM MUTUAL	IS) _ INSURANCE COMPANY	
	Date 12/05/2024	Full name of contributor out-of-state HUTKA, AMBER Contributor address; City; State; Zip Code	e PAC (ID#:		Amount of Contribution (\$)	.00
	·	pation / Job title (See Instructions) IMS ADJUSTER		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 12/12/2024	Full name of contributor out-of-state HUTKA, AMBER Contributor address; City; State; Zip Code	e PAC (ID#:)	Amount of Contribution (\$)	.00
	·	pation / Job title (See Instructions) IMS ADJUSTER		Employer (See Instructions RVOS FARM MUTUAL	IS) LINSURANCE COMPANY	
			L			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/11	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	RVOS Farm	Mutual Insurance Group Polit			L	00069829	
4	Date 12/05/2024	Full name of contributor HYKEL, RICHARD (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		TROY, TX 76579-9026					
8		pation / Job title (See Instructions	9	Employer (See Instructions	s)		
	DIRECTOR			RVOS FARM MUTUAL	IN:	SURANCE CO	
	Date 12/05/2024	Full name of contributor JACKSON, WESLEY Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$9.62
		TEMPLE, TX 76502					
	Principal occu	pation / Job title (See Instructions	()	Employer (See Instructions	5)		
	VICE PRESI	DENT		RVOS FARM MUTUAL	IN	SURANCE COMPANY	
	Date 12/12/2024	Full name of contributor JACKSON, WESLEY Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$9.62
		TEMPLE, TX 76502					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	VICE PRESI		,	RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 12/05/2024	Full name of contributor JIMENEZ, ESTEBAN Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	CUSTOMER	R RELATIONS SPECIALIST		RVOS FARM MUTUAL	IN	SURANCE COMPANY	
	Date 12/12/2024	Full name of contributor JIMENEZ, ESTEBAN Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
		TEMPLE, TX 76502	,,				
		pation / Job title (See Instructions)	Employer (See Instructions			
	CUSTOMER	R RELATIONS SPECIALIST		RVOS FARM MUTUAL	IN:	SURANCE COMPANY	
							_

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/11	
2	FILER NAME RVOS Farm	Mutual Insurance Group Politic	cal Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 12/05/2024	Full name of contributor MCANAW, GREGORY Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Temple, TX 76502					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	CLAIMS MA	NAGER		RVOS FARM MUTUAL	IN:	SURANCE COMPANY	
	Date 12/12/2024	Full name of contributor MCANAW, GREGORY Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		Temple, TX 76502					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CLAIMS MA	NAGER		RVOS FARM MUTUAL	IN:	SURANCE COMPANY	
	Date 12/05/2024	Full name of contributor [QUINN, BARBARA Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$10.00
		TEMPLE, TX 76502					
	Principal occu	pation / Job title (See Instructions) ER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 12/12/2024	Full name of contributor [QUINN, BARBARA Contributor address; City; State TEMPLE, TX 76502	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu CONTROLL	pation / Job title (See Instructions) ER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 12/05/2024	Full name of contributor SANDEFUR, AMBER Contributor address; City; State TEMPLE, TX 76502	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS	SCHEDULE A1	
	The Instruc	ction Guide explains how	to complete this for	rm.	1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/11	
2	FILER NAME	Material Incomes Communication			3 Filer ID (Ethics Commission Filers)	
		Mutual Insurance Group Politic			00069829	
4	Date 12/12/2024	5 Full name of contributor [SANDEFUR, AMBER 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7 Amount of Contribution (\$) \$2.	00
_	Dringing Loop	TEMPLE, TX 76502	lo.	Familia va (Coo lastin ations		
8		pation / Job title (See Instructions)	9	Employer (See Instructions		
	UNDERWRI	TER-AUTO		RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 12/05/2024	Full name of contributor SHOCKLEY, WILEY Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	Amount of Contribution (\$) \$20.	30
		BELTON, TX 76513				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	PRESIDENT	-		RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 12/12/2024	Full name of contributor SHOCKLEY, WILEY Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	Amount of Contribution (\$) \$20.) 00
		BELTON, TX 76513				
	Principal occu PRESIDENT	pation / Job title (See Instructions)		Employer (See Instructions	S) INSURANCE COMPANY	
	PRESIDENT			RVOS FARIVI IVIOTUAL		
	Date 12/05/2024	Full name of contributor [SMITH, JAMES Contributor address; City; Sta TEMPLE, TX 76504	out-of-state PAC (ID#:		Amount of Contribution (\$) \$9.	32
	Principal occu SECRETAR	pation / Job title (See Instructions) Y		Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 12/12/2024	Full name of contributor SMITH, JAMES Contributor address; City; Sta TEMPLE, TX 76504	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$9.	
	Principal occu SECRETAR	pation / Job title (See Instructions)		Employer (See Instructions	I S) INSURANCE COMPANY	

	MONEI	ARY POLITICAL CON	TRIBUTION	IS	SCHEDULE A	A1
	The Instruc	ction Guide explains how to co	mplete this for	m.	1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/11	
2	FILER NAME				3 Filer ID (Ethics Commission File	lers)
		Mutual Insurance Group Political Ac	tion Committee		00069829	
4	Date 12/05/2024	5 Full name of contributor out- SULAK, IRENE 6 Contributor address; City; State; Zip	of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$10.00
•	Principal occu	TEMPLE, TX 76501 pation / Job title (See Instructions)	lo.	Employer (See Instructions		
0		DENT OPERATIONS	9) INSURANCE COMPANY	
	Date 12/12/2024		of-state PAC (ID#:)	Amount of Contribution (\$)	\$10.00
		TEMPLE, TX 76501				
	•	pation / Job title (See Instructions)		Employer (See Instructions		
	VICE PRESI	DENT OPERATIONS		RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 12/05/2024	Full name of contributor out TIRCUIT, SHEILA Contributor address; City; State; Zip	of-state PAC (ID#:)	Amount of Contribution (\$)	\$3.00
		ROGERS, TX 76569				
		pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions) INSURANCE COMPANY	
				KVO3 FARW WOTOAL		
	Date 12/12/2024	Full name of contributor out TIRCUIT, SHEILA Contributor address; City; State; Zip ROGERS, TX 76569	of-state PAC (ID#:)	Amount of Contribution (\$)	\$3.00
	•	pation / Job title (See Instructions) ATIVE ASSTMGA		Employer (See Instructions RVOS FARM MUTUAL) INSURANCE COMPANY	
	Date 12/05/2024	Full name of contributor out Thoma, Ryan Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions RVOS		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/11
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4	Date 12/05/2024	 Full name of contributor out-of-state PAC (ID#:_ WON, BEN (Mr.) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$10.00
		BELTON, TX 76513		
8		pation / Job title (See Instructions) RT MANAGER	9 Employer (See Instructions RVOS FARM MUTUAL	s) INSURANCE COMPANY
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ WON, BEN (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00
	Dringing! goog	BELTON, TX 76513	Employer (Coo Instruction	
		pation / Job title (See Instructions) RT MANAGER	Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_WOOD, ANNEKA Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2.00
		TEMPLE, TX 76502		
		pation / Job title (See Instructions) ER UNDERWRITER	Employer (See Instructions RVOS FARM MUTUAL	s) INSURANCE COMPANY
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_WOOD, ANNEKA Contributor address; City; State; Zip Code TEMPLE, TX 76502)	Amount of Contribution (\$) \$2.00
	•	pation / Job title (See Instructions) ER UNDERWRITER	Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

MADETROMI	- CENTOAL CONTRIBOTIONS	
	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME RVOS Farm Mutual Insurance Group Political Ac	3 Filer ID (Ethics Commission Filers) 00069829
4 Date 12/03/2024	Payee name RVOS Farm Mutual Insurance	
6 Amount (\$) 10.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2301 S 37th St Temple, TX 76502	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Overpayment to Pac Fund	Description (See instructions regarding type of information required.) Monetary political contribution overpayment
Date	Payee name	
12/11/2024	Wells Fargo Bank N.A.	
Amount (\$)	Payee Address; City; State; Zip	
27.00	420 Montgomery Street	
Expenditure from corporate funds	San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	D) Description (See instructions regarding type of information required.) Client Analysis Fee
	,	