

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,699.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	79,983.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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

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

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FORM **MPAC**
ADDENDUM

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

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12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC	13 Filer ID (Ethics Commission Filers) 00015644
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Joanne Shofner State Representative
		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.)	

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		18 Filer ID (Ethics Commission Filers) 00015644
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,352.60
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	\$ 347.00
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	\$ 2,352.05
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3,250.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/16 Rpt: 6/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Cappilla 6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1044	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Aaron Cappilla farmers insurance agency
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Holland 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 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyson, Guest 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 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Baker 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 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Malone 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 7/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	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 12/10/2024	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 12/10/2024	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 12/10/2024	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 12/10/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 8/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chane, Reagan <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77316-6882	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) AuguStar Financial Services
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$33.60
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$70.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri, Stanwix <hr/> Contributor address; City; State; Zip Code Celina, TX 75009-4630	Amount of Contribution (\$) \$16.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Stanwix Insurance & Benefits
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissman, Crombie <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-4525	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Crombie Financial Group, llc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 9/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Price <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-5730	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) New York Life Insurance CO & NYLIFE Securities
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2114	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Bronstad <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-4301	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Financial Representative		Employer (See Instructions) Thrivent Financial
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Farabee <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301-6824	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Webb <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964-1388	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Pioneer Financial Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 10/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Gary <hr/> 6 Contributor address; City; State; Zip Code Karnack, TX 75661-0323	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Texas Farm Bureau Insurance
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter <hr/> Contributor address; City; State; Zip Code Midland, TX 79701-5515	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Carter Financial Group
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Hutto <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-3264	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Hutto Insurance Services
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Friedeck <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-3304	Amount of Contribution (\$) \$4.80
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Friedeck & Associates Inc.
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-5772	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) OFG Financial Services, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 11/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-5772	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) OFG Financial Services, Inc.
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Vickers <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808-8402	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Financial_Advisor		Employer (See Instructions) Mutual of Omaha Companies
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Marvin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1705	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Ed Marvin Insurance Brokerage
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Cisneros <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927-3398	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Enrique Cisneros Insurance
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Forsythe <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-4732	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Northwestern Mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 12/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filemon, Esquivel <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363-5774	7 Amount of Contribution (\$) \$3.40
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) New York Life
Date 12/10/2024	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 (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Crossroads Insurance Professionals Inc.
Date 12/10/2024	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 (\$) \$10.00
Principal occupation / Job title (See Instructions) MR		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 12/10/2024	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 (\$) \$6.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Guardian
Date 12/10/2024	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 (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Penn Mutual Wealth Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 13/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H, Consaul	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2639	
8 Principal occupation / Job title (See Instructions) PRINCIPAL		9 Employer (See Instructions) Pivotal Financial Advisors
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollie, Gandy Donohue	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79106-4633	
Principal occupation / Job title (See Instructions) OwnerSenior Producer		Employer (See Instructions) Safe Money Solutions
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack, Knight	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109-5908	
Principal occupation / Job title (See Instructions) Agency Owner		Employer (See Instructions) Jack Knight Insurance Assoc
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Burghard	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4011	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) James O. Burghard Financial Services
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Mickey	Amount of Contribution (\$) \$6.80
	Contributor address; City; State; Zip Code Spring, TX 77388-5012	
Principal occupation / Job title (See Instructions) Financial Advisor, Managing Associate		Employer (See Instructions) Wealth Design Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 14/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Schroeder <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833-5067	7 Amount of Contribution (\$) \$4.80
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Hutson <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-5039	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Jim Hutson Agency, LLC
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey, Ussery <hr/> Contributor address; City; State; Zip Code Bellville, TX 77418-3822	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Regional V.P.		Employer (See Instructions) John Hancock Life Insurance
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Brieden <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-4916	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Denton <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-3534	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Field_Representative		Employer (See Instructions) Northwestern Mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 15/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Rivard	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Dallas, TX 75214-2614		
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Borden Hamman Agency
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Still	Amount of Contribution (\$) \$6.80
Contributor address; City; State; Zip Code Nacogdoches, TX 75965-3586		
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Still Financial Group
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wheeler Jr.	Amount of Contribution (\$) \$168.00
Contributor address; City; State; Zip Code Montgomery, TX 77356-1798		
Principal occupation / Job title (See Instructions) Executive Senior Partner		Employer (See Instructions) Totus Wealth Management LLC
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon, Sharp	Amount of Contribution (\$) \$3.40
Contributor address; City; State; Zip Code Victoria, TX 77904-3392		
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) National Life
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code El Paso, TX 79904-2514		
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Texas Hillside Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 16/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, True <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3188	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) NAIFA - Dallas
Date 12/10/2024	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 12/10/2024	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 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Kroesch <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-8222	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Financial Consultant		Employer (See Instructions) Thrivent Financial
Date 12/10/2024	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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 17/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannie, Jackson <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-4007	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) Jackson Benefits Group
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Pinckard <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135-4424	Amount of Contribution (\$) \$22.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) LP Insurance and Financial Services
Date 12/10/2024	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 12/10/2024	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 12/10/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 18/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Evans	7 Amount of Contribution (\$) \$18.00
6 Contributor address; City; State; Zip Code Coppell, TX 75019-3404		
8 Principal occupation / Job title (See Instructions) Brokerage Manager		9 Employer (See Instructions) The DI Center
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Wilder	Amount of Contribution (\$) \$3.40
Contributor address; City; State; Zip Code Plano, TX 75024-6324		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Shamrock Group
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Faidley	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code Mansfield, TX 76063-5320		
Principal occupation / Job title (See Instructions) Investment Advisor Representative		Employer (See Instructions) Gus Bates Financial Services
Date 12/10/2024	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 12/10/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 19/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald, Botello <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248-2102	7 Amount of Contribution (\$) \$16.00
8 Principal occupation / Job title (See Instructions) Investment Advisor Representative		9 Employer (See Instructions) Platinum Wealth Solutions of Texas
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronny, Bryant <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-6105	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Perry Hunter Hall
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Shannon <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077-1859	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) RUTH SHANNON STATE FARM
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Ward <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7347	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Ward Agency
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) NAIFA-Pineywoods of East Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 20/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) NAIFA-Pineywoods of East Texas
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Mahony <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76132-1518	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TMA Financial
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Roels <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Marketing Group
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Miller <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-6239	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) TMiller Financial
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Henly <hr/> Contributor address; City; State; Zip Code San Augustine, TX 75972-1324	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Henly Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 21/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes, Wessel <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77318-6431	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) General Agent		9 Employer (See Instructions) National Life
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Montague <hr/> Contributor address; City; State; Zip Code Garland, TX 75044-3531	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) National Life
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuka, Nakahara-Goven <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-4852	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/3 Rpt: 22/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Corporation / Labor Organization name Annie <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Denton, TX 76205-8008	7 Amount of contribution (\$) \$6.00
Date 12/10/2024	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code Eastland, TX 76448-0895	Amount of contribution (\$) \$6.80
Date 12/10/2024	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	Amount of contribution (\$) \$16.80
Date 12/10/2024	Corporation / Labor Organization name Don <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78258-7540	Amount of contribution (\$) \$6.80
Date 12/10/2024	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code Plano, TX 75075-7729	Amount of contribution (\$) \$6.80
Date 12/10/2024	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code Decatur, TX 76234-1373	Amount of contribution (\$) \$4.00
Date 12/10/2024	Corporation / Labor Organization name Jason <hr/> Corporation / Labor Organization address; City; State; Zip Code Spring, TX 77379-2542	Amount of contribution (\$) \$84.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/3 Rpt: 23/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Corporation / Labor Organization name Jim 6 Corporation / Labor Organization address; City; State; Zip Code Fort Worth, TX 76116-1620	7 Amount of contribution (\$) \$6.80
Date 12/10/2024	Corporation / Labor Organization name Joe Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78270-1307	Amount of contribution (\$) \$3.40
Date 12/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78732-2453	Amount of contribution (\$) \$10.00
Date 12/10/2024	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code Elkhart, TX 75839-5116	Amount of contribution (\$) \$100.00
Date 12/10/2024	Corporation / Labor Organization name Keith Corporation / Labor Organization address; City; State; Zip Code Floresville, TX 78114-0576	Amount of contribution (\$) \$20.00
Date 12/10/2024	Corporation / Labor Organization name Kenny Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$4.00
Date 12/10/2024	Corporation / Labor Organization name Lilia Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78413-4825	Amount of contribution (\$) \$6.80

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/3 Rpt: 24/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/10/2024	5 Corporation / Labor Organization name Michael <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Tomball, TX 77377-8649	7 Amount of contribution (\$) \$10.00
Date 12/10/2024	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79119-6438	Amount of contribution (\$) \$6.80
Date 12/10/2024	Corporation / Labor Organization name Peter <hr/> Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	Amount of contribution (\$) \$10.00
Date 12/10/2024	Corporation / Labor Organization name Raymond <hr/> Corporation / Labor Organization address; City; State; Zip Code HEATH, TX 75032-5998	Amount of contribution (\$) \$8.00
Date 12/10/2024	Corporation / Labor Organization name Rodney <hr/> Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79118-9390	Amount of contribution (\$) \$20.00
Date 12/10/2024	Corporation / Labor Organization name Vincente <hr/> Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-8716	Amount of contribution (\$) \$10.00

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME National Association of Insurance and Financial	3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/02/2024	5 Payee name NAIFA-Texas	
6 Amount (\$) 2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Admin Fee to manage PAC
Date 12/13/2024	Payee name NAIFA-Texas	
Amount (\$) 352.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Postage	(b) Description (See instructions regarding type of information required.) USPS Shipments of PAC Checks for Officeholders and Candidates

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 26/26
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 12/20/2024	5 Name of person from whom amount is received Angie Chen Button	8 Amount (\$) \$1,500.00
	6 Address of person from whom amount is received; City; State; Zip Code Richardson, TX 75083	
	7 Purpose for which amount is received Political Contribution not cashed <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/20/2024	Name of person from whom amount is received Friends of Donna Campbell	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code New Braunfels, TX 78130	
	Purpose for which amount is received Political Contribution not cashed <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/20/2024	Name of person from whom amount is received Joe Moody Campaign	Amount (\$) \$750.00
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78768	
	Purpose for which amount is received Political Contribution not cashed <input type="checkbox"/> Check if political contribution returned to filer	