GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this for	m.	1 Filer ID (Ethics Come 0004257	mission Filers) 77		 Total pages file 56 	
3	COMMITTEE NAME						OFFICE U	SE ONI Y
	National Associatio	on of Benefit and Insurance Profession	nals	- Texas PAC			Date Received ELECTRONICA 01/13/2025	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	Cľ	TY; STA	TE; ZIP C	ODE		
	ADDRESS	312 North Avenue East, Suite 5					Date Hand-delivered or I	Date Postmarked
	Change of Address							
		Cranford, NJ 07016					Receipt #	Amount
							Date Processed	
							Date Imaged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST					MI	
	NAME	Scott						
		NICKNAME LAST					SUFFIX	
		Long						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA	SE);	A	PT / SUITE #;	CITY;	STAT	E; ZIP CODE
	TREASURER STREET ADDRESS	1715 Greenway Village Drive						
	(Residence or Business)	Katy, TX 77494						
7	CAMPAIGN	STREET OR PO BOX;		/	APT / SUITE #;	CITY;	STA	TE; ZIP CODE
	TREASURER MAILING ADDRESS	1715 Greenway Village Drive						
	Change of Address	Katy, TX 77494						
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 457-1472		EXTENSION				
9	REPORT							
Ĵ	TYPE	X January 15	3	0th day before el	ection		Dissolution (Attach	PAC-DR)
		July 15	8	th day before ele	ction		10th day after cam termination	paign treasurer
] R	unoff				
10	PERIOD	Month Day Year 10/27/2024	т	HROUGH	Month	Day 31/2024	Year	
		10/27/2024	•		12/	31/2024	•	
11	ELECTION	ELECTION DATE	_		ELECTION T	YPE		
		Month Day Year		Primary	Runoff		Other	
			0	General	Special			
┝								
				TO PAGE 2				
Fo	rms provided by Tex	kas Ethics Commission ww	w.e	thics.state.tx.	us		Version	1 V4.1.0.5dd2ace2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	D (Ethics Commission Filers)
National Association of	Benefit and Insurance	Professionals - Texas PAC	00042	2577
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	6 0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,113.91
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	51,297.98
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor- under Title 15, Election Code.		
		Cont	tlong	
		Scot Signature of Ca	t Long mpaign Tr	easurer
			1	
	STAMP / SEAL ABOVE			
		, tl	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title o	f officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - GPAC	CC	FORM GPAC OVER SHEET PG 3 3 of 56
17 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)
National Association of Benefit and Insurance Professionals - Texas PAC	00042577	1
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,113.91
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9. X SCHEDULE E: LOANS		\$ 0.00
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 750.00
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 478.33
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 1,000.00
	RETURNED	\$ 1,000.

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/46 Rpt: 4/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/01/2024	Abbe, Jeanette				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Temple, TX 76502				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Employee Be	enefits Consultant	Texas Benefit Alliance			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/01/2024	Abbe, Jeanette				\$25.00
		Contributor address; City; State; Zip Code		1		
		Temple, TX 76502				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Employee Be	enefits Consultant	Texas Benefit Alliance			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/22/2024	Adams, Carla				\$12.50
		Contributor address; City; State; Zip Code]		
	Duto stall secur	Schertz, TX 78154		Ĺ		
	Insurance A	pation / Job title (See Instructions)	Employer (See Instructions TASC	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷40 F0
	12/22/2024	Adams, Carla				\$12.50
		Contributor address; City; State; Zip Code				
		Schertz, TX 78154				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Insurance Ag		TASC	5)		
╞				T	Amount of Contribution (\$)	
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Ahlquist, Neldia)		Amount of Contribution (\$)	\$12.50
	11/20/2024			ł		Φ12.50
	Contributor address; City; State; Zip Code					
		Lake Jackson, TX 77566				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Insurance		Self	,		
⊢						

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/46 Rpt: 5/56
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/20/2024	Ahlquist, Neldia		\$12.50
	6 Contributor address; City; State; Zip Code		
	Lake Jackson, TX 77566		
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Insurance		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/07/2024	Antongiovanni, Joanna		\$12.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78279		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Insurance Aç		Wortham Insurance	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/07/2024	Antongiovanni, Joanna		\$12.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78279		
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
Insurance Aç	jent	Wortham Insurance	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/20/2024	Avery, Wendy		\$12.50
	Contributor address; City; State; Zip Code		
	Dockwall TV 75088		
Dringingl occu	Rockwall, TX 75088	Employer (See Instructions	
Insurance Ag	ipation / Job title (See Instructions)	K&S Insurance Agency	•)
	-		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2024	Avery, Wendy		\$12.50
	Contributor address; City; State; Zip Code		
	Rockwall, TX 75088		
Dringinal occu		Employer (See Instructions	
Insurance Ag	ipation / Job title (See Instructions)	Employer (See Instructions K&S Insurance Agency	<i>i</i>)
		Nao Insulance Ayency	
1			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/46 Rpt: 6/56
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/20/2024	Barrera, Rolando		\$125.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413		
-	pation / Job title (See Instructions)	9 Employer (See Instructions))
Insurance A	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2024	Barrera, Rolando		\$125.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413		
	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance A	jent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/20/2024	Bellman, Mark		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Insurance A		UHC)
	- 		Assessment of Quantum trans (d)
Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$50.00
12/20/2024	Bellman, Mark		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	;)
Insurance A		UHC	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/23/2024	Bentley, Beau		\$12.50
	Contributor address; City; State; Zip Code		
	Bullard, TX 75789		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Insurance A	gent	CEBPET	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/46 Rpt: 7/56	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
12/23/2024	Bentley, Beau			12.50
	6 Contributor address; City; State; Zip Code			
	Bullard, TX 75789			
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Insurance A	gent	CEBPET		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/20/2024	Bentley, Eugene		\$	50.00
	Contributor address; City; State; Zip Code	,		
	Bullard, TX 75757	1		
	upation / Job title (See Instructions)	Employer (See Instructions	·	
Broker/Presi		Customized Employee E		
Date)	Amount of Contribution (\$)	_
12/20/2024	Bentley, Eugene	\$5	50.00	
	Contributor address; City; State; Zip Code			
	Bullard, TX 75757			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Broker/Presi		Customized Employee E		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/18/2024	Blair, Mary Ann			25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703-3001			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance A	gent	Hilliard Box Insurance		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/18/2024	Blair, Mary Ann		\$2	25.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703-3001	·		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Insurance A	gent	Hilliard Box Insurance		

	The Instruc	ction Guide explains how to complete this f	Total pages Schedule A1: Sch: 5/46 Rpt: 8/56			
2	FILER NAME		3	Filer ID (Ethics Commission	Filers)	
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:		 _	Amount of Contribution (\$)	
	11/20/2024	Blankenship, Dirk	,	. 		\$12.50
	11/20/202 .			·		Ψ12.00
		6 Contributor address; City; State; Zip Code				
		Huffman, TX 77336				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L s)		
	Insurance Ag		Chambers Marketing Co		cepts	
┝		-		T	Amount of Contribution (\$)	
	Date)			¢12 50
	12/20/2024	Blankenship, Dirk				\$12.50
		Contributor address; City; State; Zip Code				
		Huffman, TX 77336				
<u> </u>	Dringing occu	ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag		Employer (See Instructions Chambers Marketing Co		vonte	
				-		
	Date	· —)		Amount of Contribution (\$)	
	11/17/2024	Block, Howard				\$25.00
		Contributor address; City; State; Zip Code				
	Duin single age	Houston, TX 77080				
		ipation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Agent			—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/17/2024	Block, Howard				\$25.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77080				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Agent		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/20/2024	Bolden, Michael				\$25.00
	Contributor address; City; State; Zip Code			1		
		Odessa, TX 79761				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Aç	gent	ALG Avery & Associates	S		
			<u>, I</u>			
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 6/46 Rpt: 9/56		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/20/2024	Bolden, Michael				\$25.00
	ļ	6 Contributor address; City; State; Zip Code		ł		
	ļ					
	ļ					
		Odessa, TX 79761				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance Ag	gent	ALG Avery & Associates	s		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/19/2024	Bonczek, Christie				\$13.75
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Houston, TX 77027				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/19/2024	Bonczek, Christie				\$13.75
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Houston, TX 77027		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Insurance Ag	-		-		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/23/2024	Booth, Tonya				\$25.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Coppell, TX 75019				
\vdash	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Employer (See Instructions Upshaw Insurance	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ</u> ጋር 00
	12/23/2024	Booth, Tonya				\$25.00
	Contributor address; City; State; Zip Code					
	ļ					
	ļ	Coppell, TX 75019				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Upshaw Insurance	5)		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/46 Rpt: 10/56	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
National Asso	ociation of Benefit and Insurance Professionals - Te	00042577		
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/20/2024	Bradberry1, Cherrie		\$	\$12.50
	6 Contributor address; City; State; Zip Code			
	Iowa Park, TX 76367			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance Ag		Financial Partners		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/20/2024	Buffum, Ronald	/		\$25.00
	Contributor address; City; State; Zip Code			
	1			
	Round Rock, TX 78665			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance		The Buffum Group		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2024	Buffum, Ronald			\$25.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance		The Buffum Group		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/15/2024	Burgess, Robbi		\$	\$12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78750			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Sa		UHC)	
			Amount of Contribution (\$)	
Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_ Burgess, Robbi)	Amount of Contribution (\$)	\$12.50
12/13/2024	-		.	\$12.JU
	Contributor address; City; State; Zip Code			
	Austin, TX 78750			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Insurance Sa		UHC	'	
		<u> </u>		

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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 8/46 Rpt: 11/56	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2024	Burkholder, Karen				\$12.50
	I	6 Contributor address; City; State; Zip Code		1		
	I		,			
	I	1	,			
	I	Richardson, TX 75081				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/20/2024	Burkholder, Karen				\$12.50
	l	Contributor address; City; State; Zip Code		1		
	l		,			
	I	1	,			
	I	Richardson, TX 75081				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	gent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/20/2024	Butler, Allison				\$12.50
	l	Contributor address; City; State; Zip Code		1		
	I		,			
	I	1				
		Amarillo, TX 79109				
		ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Insurance Aç	jent	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/20/2024	Butler, Allison	1			\$12.50
		Contributor address; City; State; Zip Code		1		
	I	1	,			
	I	1	,			
L		Amarillo, TX 79109	-			
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Insurance A	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/20/2024	Byrd, Ronald				\$13.00
	Contributor address; City; State; Zip Code			1		
	I	1				
	I	1	,			
L		Donna, TX 78537				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Marketing Di	rector	Kansas City Life			

	The Instru	ction Guide explains how to complete th	is form.		1	Total pages Schedule A1: Sch: 9/46 Rpt: 12/56	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	National Ass	sociation of Benefit and Insurance Professionals	- Texas F	PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7	Amount of Contribution (\$)	
	12/20/2024	Byrd, Ronald	_				\$13.00
	ļ	6 Contributor address; City; State; Zip Code					
		Donna, TX 78537					
8		pation / Job title (See Instructions)		mployer (See Instructions)		
	Marketing Di	rector	<u> </u>	ansas City Life			
Γ	Date	Full name of contributor 🛛 out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	12/20/2024	Castillo, Iris					\$12.50
		Contributor address; City; State; Zip Code	••••				
	ļ						
	ļ	Mcallen, TX 78501					
┝	Principal occu	pation / Job title (See Instructions)		mployer (See Instructions	<u> </u>		
	Account Mar			igginbotham Ins Agend		Inc	
╞				,	-,, 		
	Date 11/20/2024	Full name of contributor Out-of-state PAC (I Christensen, Elizabeth	ID#:)		Amount of Contribution (\$)	\$12.50
	11/20/2024						Φ12.JU
		Contributor address; City; State; Zip Code					
		Weatherford, TX 76087					
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions	5)		
	Insurance Ag	gent	U	nited Senior Services			
F	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	12/20/2024	Christensen, Elizabeth					\$12.50
	1	Contributor address; City; State; Zip Code					
	ļ						
		Weatherford, TX 76087					
	-	pation / Job title (See Instructions)		mployer (See Instructions	5)		
	Insurance Ag			nited Senior Services			
	Date	Full name of contributor Out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	*** 0 50
	11/20/2024	Clingan, Nedra					\$12.50
		Contributor address; City; State; Zip Code					
	ļ						
		Helotes, TX 78024					
\vdash	Principal occu	pation / Job title (See Instructions)		mployer (See Instructions	<u> </u>		
	Insurance Ag			nited Healthcare	'		
\vdash		,					

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 10/46 Rpt: 13/56	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/20/2024	Clingan, Nedra				\$12.50
		6 Contributor address; City; State; Zip Code				
		Helotes, TX 78024				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Insurance A	gent	United Healthcare			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/07/2024	Cochran, Stacy				\$25.00
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance A	gent	Caprock			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/11/2024	Cochran, Stacy				\$12.50
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance Ag		Caprock	. 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/07/2024	Cochran, Stacy				\$25.00
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
┝	Principal Occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
	Insurance A		Caprock	ソ		
⊨				_	Amount of Contribution (ft)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Cochran, Stacy)		Amount of Contribution (\$)	\$12.50
	12/11/2024	-				Φ12.50
		Contributor address; City; State; Zip Code				
		Roanoke, TX 76262				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ل ۱)		
	Insurance A		Caprock	9		
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The In	struction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 11/46 Rpt: 14/56	
2 FILER N	AME		3 Filer ID (Ethics Commission Fil	lers)
	I Association of Benefit and Insurance Professionals - To	exas PAC	00042577	- ,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/20/2				\$12.86
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78717			
-	occupation / Job title (See Instructions)	9 Employer (See Instructions		
Insuran	ce Agent	Senior Health Professio	nals	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2				\$12.86
	Contributor address; City; State; Zip Code			
	Austin, TX 78717			
	occupation / Job title (See Instructions)	Employer (See Instructions		
Insuran	ce Agent	Senior Health Professio	nals	
Date	Full name of contributor Dout-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/20/2	024 Cook, David			\$25.00
	Contributor address; City; State; Zip Code		1	
L	Wichita Falls, TX 76310	1		
	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Insuran	ce Agent	Financial Partners		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2	024 Cook, David			\$25.00
	Contributor address; City; State; Zip Code			
Drineinel	Wichita Falls, TX 76310		<u> </u>	
-	occupation / Job title (See Instructions)	Employer (See Instructions	\$)	
	ce Agent	Financial Partners		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/20/2				\$25.00
	Contributor address; City; State; Zip Code			
	Bautown TV 77591			
Dringing	Baytown, TX 77521			
-	occupation / Job title (See Instructions) ce Sales	Employer (See Instructions United Major Medical	3)	
liisuian				

т	he Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/46 Rpt: 15/56	
2 FI	ILER NAME			3	Filer ID (Ethics Commission	ı Filers)
N	ational Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4 D	ate	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
12	2/20/2024	Cottar, Tom				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Baytown, TX 77521				
		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
In	surance Sa	ales	United Major Medical			
Di	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
1	1/20/2024	DeLeon, Rachelle				\$25.00
		Contributor address; City; State; Zip Code		1		
		Forles Deep TV 700E2				
		Eagles Pass, TX 78852	Employer (Cool Instructions	<u> </u>		
	rincipal occu Isurance Sa	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
				-		
	ate	—)		Amount of Contribution (\$)	<u>ቀ</u> ጋር 00
1,	2/20/2024	DeLeon, Rachelle				\$25.00
		Contributor address; City; State; Zip Code				
		Eagles Pass, TX 78852				
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
In	surance Sa	ales	Self			
Di	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
1	1/16/2024	Delucia, Tiffany			• -	\$20.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78463				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
В	roker		Keetch & Associates			
	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12	2/16/2024	Delucia, Tiffany				\$20.00
		Contributor address; City; State; Zip Code]		
		Corpus Christi, TX 78463				
	rincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> -)		
	roker		Keetch & Associates	5)		

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/46 Rpt: 16/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals - T			00042577	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/01/2024	Dettman, James				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Broker		AJ Benefit Advisors			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2024	Dettman, James				\$25.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Broker		AJ Benefit Advisors			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	11/05/2024	Elliott-Harmon, Patti				\$12.50
		Contributor address; City; State; Zip Code		1		
		Portland, TX 78374		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Insurance A	jent 	Humana	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/05/2024	Elliott-Harmon, Patti				\$12.50
		Contributor address; City; State; Zip Code				
		Portland, TX 78374				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		Humana	5)		
┝		-		1	the state of the s	
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	11/20/2024	Evans, Mike				ΦTC:00
		Contributor address; City; State; Zip Code				
		Coppell, TX 75019				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Self	-)		
⊢						

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 14/46 Rpt: 17/56	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	sociation of Benefit and Insurance Professionals - Te		00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
12/20/2024	Evans, Mike			12.50
	6 Contributor address; City; State; Zip Code			
	Coppell, TX 75019			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Insurance Aç	jent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Everhart, Kylie		\$1	12.50
	Contributor address; City; State; Zip Code			
	Keller, TX 76248			
	pation / Job title (See Instructions)	Employer (See Instructions	,	_
chief Growth	officer	Exchange Broker Certifi	cations	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/01/2024	Everhart, Kylie		\$1	12.50
	Contributor address; City; State; Zip Code			
Duite site of a second	Keller, TX 76248		、 、	
chief Growth	pation / Job title (See Instructions)	Employer (See Instructions Exchange Broker Certifie		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/20/2024	Ford, Holley		 ⊅⊥	12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78738			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance Ag		Humana	7	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
12/20/2024	Ford, Holley	/		12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78738			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Insurance Ag	gent	Humana		
		<u> </u>		

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/46 Rpt: 18/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/20/2024	Fristoe, Kelly				\$25.00
		6 Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76301				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2024	Fristoe, Kelly				\$25.00
		Contributor address; City; State; Zip Code				
		Wichita Falls, TX 76301				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/01/2024	Garfias, Elisa				\$13.37
		Contributor address; City; State; Zip Code		1		
		Richardson, TX 75080	· · · · ·			
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Account Exe		United Healthcare	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	12/01/2024	Garfias, Elisa				\$13.37
		Contributor address; City; State; Zip Code				
		Distanteer TV 75000				
	Drinsipal acou	Richardson, TX 75080				
	Account Exe	pation / Job title (See Instructions)	Employer (See Instructions United Healthcare	5)		
L				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+ 4 0 75
	11/20/2024	Gilbert, Debra				\$18.75
		Contributor address; City; State; Zip Code				
		Grapevine, TX 76051				
┡	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Employer (See Instructions Innovative Insurance So		ione	
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	orm.	1 Total pages Sched Sch: 16/46 Rpt: 1	
		3 Filer ID (Ethics C	
enefit and Insurance Professionals - Te		00042577	
of contributor out-of-state PAC (ID#:_)	7 Amount of Contribu	ition (\$)
s, Theresa			\$12.50
or address; City; State; Zip Code			
	l		
e (See Instructions))	
	Ameritas		
of contributor out-of-state PAC (ID#:_)	Amount of Contribu	ition (\$)
			\$12.50
e (See Instructions))	
	Ameritas		
of contributor out-of-state PAC (ID#:)	Amount of Contribu	ition (\$)
z-Luna, Veronica			\$10.00
or address; City; State; Zip Code			
-			
e (See Instructions)			
	Today's Benefit Solutions	S	
of contributor out-of-state PAC (ID#:_)	Amount of Contribu	ition (\$)
z-Luna, Veronica			\$10.00
or address; City; State; Zip Code			
City, TX 77573	1		
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le (See Instructions)	Employer (See Instructions)		
-	Employer (See Instructions) Today's Benefit Solutions		
-	Today's Benefit Solutions		ition (\$)
le (See Instructions)	Today's Benefit Solutions	S	tion (\$) \$12.50
e of contributor	Today's Benefit Solutions	S	
e (See Instructions)	Today's Benefit Solutions	S	
e of contributor out-of-state PAC (ID#:_ n, Cynthia or address; City; State; Zip Code	Today's Benefit Solutions	S	
e (See Instructions)	Today's Benefit Solutions	S	
e of contributor out-of-state PAC (ID#:_ n, Cynthia or address; City; State; Zip Code	Today's Benefit Solutions	S Amount of Contribu	
	or address; City; State; Zip Code n, TX 78550 le (See Instructions) e of contributor out-of-state PAC (ID#:_ s, Theresa or address; City; State; Zip Code n, TX 78550 le (See Instructions) e of contributor out-of-state PAC (ID#:_ z-Luna, Veronica or address; City; State; Zip Code City, TX 77573 le (See Instructions)	or address; City; State; Zip Code n, TX 78550 le (See Instructions)	br address; City; State; Zip Code n, TX 78550 le (See Instructions) P Employer (See Instructions) Ameritas Amount of Contribu s, ThereSa or address; City; State; Zip Code n, TX 78550 le (See Instructions) Employer (See Instructions) Ameritas cof contributor out-of-state PAC (ID#:) Amount of Contribu City, TX 77573 le (See Instructions) Employer (See Instructions) Today's Benefit Solutions cof contributor out-of-state PAC (ID#:) Amount of Contribu Amount

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/46 Rpt: 20/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/02/2024	Goodman, Cynthia				\$12.50
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Richardson, TX 75080				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A	gent	United Healthcare			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/26/2024	Gracia, Hector				\$12.50
		Contributor address; City; State; Zip Code				
		Pharr, TX 78577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/26/2024	Gracia, Hector				\$12.50
		Contributor address; City; State; Zip Code				
		Pharr, TX 78577				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Agent		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/26/2024	Gracia, Lisa Adriana				\$12.50
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Compl	iance Officer	Infinitus			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/26/2024	Gracia, Lisa Adriana				\$12.50
		Contributor address; City; State; Zip Code		1		
L		Edinburg, TX 78539				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Compl	iance Officer	Infinitus			

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	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 18/46 Rpt: 21/56	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
		sociation of Benefit and Insurance Professionals -	- Texas PAC		00042577	-
4	Date	5 Full name of contributor Out-of-state PAC (II	D#:) 7	Amount of Contribution (\$)	
	11/26/2024	Hamm, Phillip	····			\$50.00
	ļ	1				
	ļ	Houston, TX 77043				
8	Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instru	ructions)		
	Insurance Ag		Ameritas	,		
╞					Amount of Contribution (\$)	
	Date 12/26/2024)#:		Amount of Contribution (\$)	\$50.00
	12/20/2024					Φ00.00
		Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	Houston TV 77049				
		Houston, TX 77043				
		upation / Job title (See Instructions)	Employer (See Instru	ructions)		
	Insurance Ag		Ameritas			
	Date	—	D#:		Amount of Contribution (\$)	
	11/19/2024	Harrington, Paula				\$50.00
	ļ	Contributor address; City; State; Zip Code				
		1				
		1				
		Plano, TX 75074				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instr	ructions)		
	Health Insura	ance Broker	Harrington Insurar	nce Solu	itions, LLC	
F	Date	Full name of contributor out-of-state PAC (II	D#:		Amount of Contribution (\$)	
	12/19/2024	Harrington, Paula				\$50.00
		Contributor address; City; State; Zip Code	,			
	ļ					
	ļ	1				
		Plano, TX 75074				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instr	ructions)		
	Health Insura		Harrington Insurar		itions, LLC	
⊨	Date	Full name of contributor out-of-state PAC (II	_		Amount of Contribution (\$)	
	11/20/2024	Harris, Polly	J#:			\$25.00
	11/20/2024					Ψ20.00
		Contributor address; City; State; Zip Code				
		1				
	ļ	Corpus Christi, TX 78413				
L	Dringingl oog		Employer (See Inst			
		ipation / Job title (See Instructions)	Employer (See Instru		2224	
	Insurance Ag		Polly Harris Insura		эпсу	
						,

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/46 Rpt: 22/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/20/2024	Harris, Polly				\$25.00
		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78413				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	gent	Polly Harris Insurance A	ge	ncy	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Hebert, Laura				\$6.25
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78418				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	jent	Hebert Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2024	Hebert, Laura				\$6.25
		Contributor address; City; State; Zip Code				
	<u> </u>	Corpus Christi, TX 78418		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Hebert Insurance	5)		
	Insurance Ag					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Hoffman, Crystal				\$20.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77487				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Insurance Ag		Hoffman Insurance Grou			
╞					Amount of Contribution (ft)	
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#: Hoffman, Crystal)		Amount of Contribution (\$)	\$20.00
	12/01/2024	Contributor address; City; State; Zip Code				Ψ20.00
		Contributor address, City, State, Zip Code				
		Sugar Land, TX 77488				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Insurance Ag	· · ·	Hoffman Insurance Grou			
1						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 20/46 Rpt: 23/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - T	exas PAC		00042577	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/22/2024	Holloway, Ryan				\$12.50
		6 Contributor address; City; State; Zip Code		·		
		Dallas, TX 75201				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner		Holloway Benefit Conce	epts		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/22/2024	Holloway, Ryan				\$12.50
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75201				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Owner		Holloway Benefit Conce	epts		
	Date	—	:)	Τ	Amount of Contribution (\$)	
	11/07/2024	Irwin, Maria				\$12.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78744				
\vdash	Drincinal Occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>റ</u>		
	Insurance Sa		United Healthcare	5)		
╞	Date			Т	Amount of Contribution (\$)	
	12/07/2024	Full name of contributor out-of-state PAC (ID#: Irwin, Maria				\$12.50
	12/01/2027	Contributor address; City; State; Zip Code				Ψ12.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78744				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	United Healthcare			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	11/20/2024	Jaques, Kevin				\$12.50
		Contributor address; City; State; Zip Code		"		
		Austin, TX 78746				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Sa	ales	United Healthcare			

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 21/46 Rpt: 24/56	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
National Asso	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
12/20/2024	Jaques, Kevin		\$1	12.50
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78746			
	pation / Job title (See Instructions)	9 Employer (See Instructions	;;) 	
Insurance Sa	lles	United Healthcare		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/21/2024	Keathley, Bryan		\$1	12.50
	Contributor address; City; State; Zip Code			
	Arlington, TX 76012			
	pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag	jent	Safe Harbor Benefits Hi	gginbotham	
Date)	Amount of Contribution (\$)	
12/21/2024	Keathley, Bryan		\$1	12.50
	Contributor address; City; State; Zip Code			
	Adianta TV 76010			
Dringing oppur	Arlington, TX 76012 pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag		Safe Harbor Benefits Hi		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/20/2024	Kelly, Renee		τ¢	12.50
	Contributor address; City; State; Zip Code			
	Austin, TX 78717			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Insurance Sa		Ameritas	7	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
12/20/2024	Kelly, Renee	/		12.50
 , _ , 	Contributor address; City; State; Zip Code			
	Austin, TX 78717			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	l 3)	
Insurance Sa		Ameritas		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 22/46 Rpt: 25/56	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	- ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/20/2024	Knight, Jack				\$6.25
		6 Contributor address; City; State; Zip Code		1		
	ļ					
		Amarillo, TX 79109				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	gent	Self			
⊢	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/20/2024	Knight, Jack			-	\$6.25
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79109				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Self	-		
⊢	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	11/20/2024	Lasman, Dana	/			\$12.50
	11,20,202	Contributor address; City; State; Zip Code		-		*±= .• :
		Contributor address, City, State, Zip Code				
	ļ					
		Austin, TX 78704				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Insurance Ag		JBird Insurance Group	,		
╞	Date			Г	Amount of Contribution (\$)	
	Dale 12/20/2024)		Amount of Contribution (\$)	\$12.50
	12/20/2024	Lasman, Dana				Φ12.00
		Contributor address; City; State; Zip Code				
	ļ					
		Austin, TX 78704				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)		
	Insurance Ag		JBird Insurance Group	5)		
		-		-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Lawlis, Rita				\$12.50
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79424				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	yent	Ashmore & Associates	_		

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/46 Rpt: 26/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/20/2024	Lawlis, Rita				\$12.50
		6 Contributor address; City; State; Zip Code				
		Lubbock, TX 79424				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Aç	jent	Ashmore & Associates			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Le, Duong				\$12.50
		Contributor address; City; State; Zip Code				
		Grand Prarie, TX 75052				
_	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Self)		
╞					Amount of Contribution (ft)	
	Date 12/20/2024	Le, Duong)		Amount of Contribution (\$)	\$12.50
	12/20/2024	-				Ψ12.30
		Contributor address; City; State; Zip Code				
		Grand Prarie, TX 75052				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	gent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Leal, Gary				\$12.50
		Contributor address; City; State; Zip Code				
		Rosharon, TX 77583		Ĺ		
		pation / Job title (See Instructions) les Consultant	Employer (See Instructions BCBS-TX	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	405 00
	11/20/2024	Ledgerwood, Michael				\$25.00
		Contributor address; City; State; Zip Code				
		Cypress, TX 77433				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Insurance Sa		Senior Health Plans of T		as	
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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/46 Rpt: 27/56
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	12/20/2024	Ledgerwood, Michael		\$25.0
	ł	6 Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Cypress, TX 77433		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	
	Insurance Sa	ales	Senior Health Plans of T	Texas
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/20/2024	Lee, Diane		\$6.2
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ			
	ļ	Corpus Christi, TX 78401		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	us)
	Insurance Ag	gent	Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/20/2024	Lee, Diane		\$6.2
	ł	Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Corpus Christi, TX 78401		
		pation / Job title (See Instructions)	Employer (See Instructions	IS)
	Insurance Aç	yent	Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/05/2024	Long, Scott		\$12.5
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Katy, TX 77494	1 _ · /2 · · ·	
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/05/2024	Long, Scott		\$12.5
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Katy, TX 77494	1	
		pation / Job title (See Instructions)	Employer (See Instructions	is)
	Insurance Aç	jent	Self	

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 25/46 Rpt: 28/56	
2	FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
		sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	11/20/2024	Luker, Sharon		\$1	12.50
		6 Contributor address; City; State; Zip Code		1	
	1				
		Plano, TX 75023			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	δ)	
	Insurance Ag	gent	Luker Insurance Strateg	jies	
╞	Date	Full name of contributor out-of-state PAC (ID#:_	l)	Amount of Contribution (\$)	
	12/20/2024	Luker, Sharon			12.50
	1	Contributor address; City; State; Zip Code		•	
	1				
		Plano, TX 75023			
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> 3)	
	Insurance Ag		Luker Insurance Strateg	jies	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	11/20/2024	Martin, Patricia			12.50
	1	Contributor address; City; State; Zip Code		•	
	1				
	l	Houston, TX 77056			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Insurance Ag	gent	Self		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	12/20/2024	Martin, Patricia		\$1	12.50
	1	Contributor address; City; State; Zip Code		1	
	1				
	l	Houston, TX 77056			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
	Insurance Ag	gent	Self		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	11/14/2024	McCrackenBrown, Sean		\$3	30.00
	1	Contributor address; City; State; Zip Code		1	
	l	Corpus Christi, TX 78414			
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
	Agent		Carlisle Insurance		
⊢	·		<u> </u>		
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	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/46 Rpt: 29/56	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/14/2024	McCrackenBrown, Sean				\$30.00
		6 Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78414				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Agent		Carlisle Insurance			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	11/10/2024	Meason, Toby				\$12.50
		Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79101	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/10/2024	Meason, Toby				\$12.50
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79101				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>)		
	Insurance Ag		Self	,		
╞				<u> </u>	Amount of Contribution (ft)	
	Date 11/01/2024)		Amount of Contribution (\$)	\$27.53
	11/01/2024	Meyer, Steven				φ21.33
		Contributor address; City; State; Zip Code				
		Centennial, TX 80112				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Broker		Colorado Benefit Adviso	ors		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/01/2024	Meyer, Steven			· .	\$27.53
		Contributor address; City; State; Zip Code				
		Centennial, TX 80112				
\square	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Broker		Colorado Benefit Adviso	ors		
			-			
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 27/46 Rpt: 30/56
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National As	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/20/2024	Miller, Derella Ann		\$12.50
	6 Contributor address; City; State; Zip Code		
	Tyler, TX 75701		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)
Insurance A	.gent	Hibbs Hallmark	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2024	Miller, Derella Ann		\$12.50
	Contributor address; City; State; Zip Code		
	Tyler, TX 75701		
	upation / Job title (See Instructions)	Employer (See Instructions)	<i>)</i>)
Insurance A	.gent	Hibbs Hallmark	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/12/2024			\$12.50
	Contributor address; City; State; Zip Code		
	Dallas, TX 75251		
	upation / Job title (See Instructions)	Employer (See Instructions))
Insurance S		TexCap Insurance	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/12/2024	Mosley, Chris		\$12.50
	Contributor address; City; State; Zip Code		
	Dallas, TX 75251		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Insurance S		TexCap Insurance)
		· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)
Date 11/20/2024)	Amount of Contribution (\$) \$12.50
	-		ψ12.00
	Contributor address; City; State; Zip Code		
	Fritch, TX 79036		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ;)
Insurance A		Self	,

The Instru	ation Guido explains how to complete this f	orm	1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	Sch: 28/46 Rpt: 31/56
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/20/2024	Naylor, Candice		\$12.50
	6 Contributor address; City; State; Zip Code		
	Fritch, TX 79036		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)
Insurance A		Self	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/30/2024	Nieswiadomy, Meredith	······································	\$13.38
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
-	upation / Job title (See Instructions)	Employer (See Instructions))
Benefit Sale	s Executive	BenefitMall	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2024	Nieswiadomy, Meredith		\$13.38
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions)
Benefit Sale	es Executive	BenefitMall	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/30/2024	Nieswiadomy, Meredith		\$13.38
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
Principal occu Benefit Sale	upation / Job title (See Instructions)	Employer (See Instructions)
		BenefitMall	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/17/2024	Oerman, Chad		\$15.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77007		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Insurance A		Self	
		1	

	The Instruc	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 29/46 Rpt: 32/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Association of Benefit and Insurance Professionals - Texas PAC				00042577	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/17/2024	Oerman, Chad			• .	\$15.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77007				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag	gent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Olliver, Jamie				\$6.25
		Contributor address; City; State; Zip Code		1		
		Spring, TX 77388				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance		OneDigital			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/20/2024	Olliver, Jamie				\$6.25
		Contributor address; City; State; Zip Code		1		
	Deir sinel oppu	Spring, TX 77388		Ĺ		
	Insurance	pation / Job title (See Instructions)	Employer (See Instructions OneDigital	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 2 0 5
	11/20/2024	Ott, Rick				\$6.25
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78403				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Insurance Ag		Self	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_		1	Amount of Contribution (\$)	
	12/20/2024	Ott, Rick	/		Allount of Contribution (+)	\$6.25
	*= , =	Contributor address; City; State; Zip Code				+ - ·
		Corpus Christi, TX 78403				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	gent	Self			

The Instruc				
	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 30/46 Rpt: 33/56	
2 FILER NAME :			3 Filer ID (Ethics Commission File	ers)
National Asso	ociation of Benefit and Insurance Professionals - Te		00042577	
1 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/20/2024	Pancerz, Claire			\$12.50
	6 Contributor address; City; State; Zip Code			
	I	ļ		
	I			
	Dallas, TX 75251			
		9 Employer (See Instructions)		
Insurance Ag	jent	Holmes Murphy & Assoc	ciates	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2024	Pancerz, Claire		9	\$12.50
ľ	Contributor address; City; State; Zip Code			
	I	ļ		
	I			
	Dallas, TX 75251]		
	pation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Ag		Holmes Murphy & Assoc		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/19/2024	Parkey, Sarah		8	\$12.50
	Contributor address; City; State; Zip Code			
	I	ļ		
	Correcto Christi TV 70/51	ļ		
Dringing occur	Corpus Christi, TX 78451 pation / Job title (See Instructions)	Employer (See Instructions)		
Insurance Ag		Carlisle Insurance Agend		
			-	
)		\$12.50
12/19/2024	-		•	\$12.00
	Contributor address; City; State; Zip Code			
	I			
	Corpus Christi, TX 78451	ļ		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Insurance Ag		Carlisle Insurance Agend		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
i	Perryman, Melissa			\$12.50
11/20/2024	Contributor address; City; State; Zip Code			
11/20/2024	-	J		
11/20/2024)	•	
11/20/2024				
11/20/2024	Austin, TX 78730			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Date 12/19/2024 Principal occup Insurance Ag	Full name of contributor out-of-state PAC (ID#:_ Parkey, Sarah Contributor address; City; State; Zip Code Corpus Christi, TX 78451 Corpus Christi, TX 78451 pation / Job title (See Instructions) gent Full name of contributor out-of-state PAC (ID#:_ Perryman, Melissa Out-of-state PAC (ID#:_	Employer (See Instructions) Carlisle Insurance Agend	Amount of Contribution (\$) S) Amount of Contribution (\$)	

	The Instrue	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 31/46 Rpt: 34/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/20/2024	Perryman, Melissa			• •	\$12.50
		6 Contributor address; City; State; Zip Code		ł		
		Austin, TX 78730				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Aç	gent	Self			
╞	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	11/20/2024	Phifer, Joe				\$12.50
		Contributor address; City; State; Zip Code		ł		
		Dallas, TX 75219				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	yent	Sun Life Financial			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	12/20/2024	Phifer, Joe				\$12.50
		Contributor address; City; State; Zip Code		1		
\vdash	Dringinal occu	Dallas, TX 75219 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Sun Life Financial	5)		
╞				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀን</u> ር 00
	11/02/2024	Pleasants, Jennifer				\$25.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78414				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Account Mar		UnitedHealthcare Emplo		er & Individual	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_		Ť	Amount of Contribution (\$)	
	12/02/2024	Pleasants, Jennifer			Allount of Contribution (4)	\$25.00
	11 , 0 <u>-</u> , <u>-</u>	Contributor address; City; State; Zip Code		ł		Ŧ=Ŧ
		Corpus Christi, TX 78414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Account Mar	nager	UnitedHealthcare Emplo	oye	er & Individual	
1						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/46 Rpt: 35/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/19/2024	Rasmussen, Reid				\$12.50
	l	6 Contributor address; City; State; Zip Code				
	I					
	I					
		Mckinney, TX 75071				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Agent		fresh benies			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Ι	Amount of Contribution (\$)	
	12/19/2024	Rasmussen, Reid				\$12.50
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Mckinney, TX 75071				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Agent		fresh benies			
	Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u>)	Τ	Amount of Contribution (\$)	
	11/20/2024	Reynolds, Caleb				\$12.50
		Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78748				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/20/2024	Reynolds, Caleb				\$12.50
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78748	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Richiuso, Christine				\$12.50
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Murphy, TX 75094	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	jent	Self			
1						

Ē	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/46 Rpt: 36/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/20/2024 Richiuso, Christine					\$12.50
		6 Contributor address; City; State; Zip Code				
Ļ		Murphy, TX 75094		Ĺ		
8	•	ipation / Job title (See Instructions)	9 Employer (See Instructions Self	S)		
	Insurance Ag			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷05.00
	11/20/2024	Rios-Carl, Elizabeth				\$25.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79912				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L		
	Insurance Ag		Houghton Financial Part		ΓS	
╞	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/20/2024	Rios-Carl, Elizabeth	/		/ inount of contraction (+,	\$25.00
		Contributor address; City; State; Zip Code				·
		El Paso, TX 79912				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A		Houghton Financial Part	tner	′S	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/20/2024	Rivera, Marisa				\$12.50
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Insurance Ag		One Digital	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Τ	Amount of Contribution (\$)	
	12/20/2024	Rivera, Marisa			, ano and of 2211112111 (,	\$12.50
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	One Digital			

The Instru	iction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 34/46 Rpt: 37/56	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
National Ass	sociation of Benefit and Insurance Professionals - Te		1	00042577	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
11/20/2024	Rivera, Mike				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Houston, TX 77040				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Insurance A	.gent	Newkirk & Newkirk			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/20/2024	Rivera, Mike				\$100.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77040				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance A	.gent	Newkirk & Newkirk			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/15/2024	Roberts, Danielle				\$12.50
	Contributor address; City; State; Zip Code		1		
	Fort Worth, TX 76108				
-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Owner		Boomer Benefits			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
12/15/2024	Roberts, Danielle				\$12.50
	Contributor address; City; State; Zip Code		1		
	Fort Worth, TX 76108				
	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Owner		Boomer Benefits			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
11/20/2024	Robinson, Judith				\$25.00
	Contributor address; City; State; Zip Code]		
	Tyler, TX 75703				
-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Insurance A	gent	Self			

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	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/46 Rpt: 38/56	
2	FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	12/20/2024	Robinson, Judith			\$25.00
		6 Contributor address; City; State; Zip Code			
		Tyler, TX 75703			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
	Insurance Ag	gent	Self		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/20/2024	Rolf, Rita			\$12.50
		Contributor address; City; State; Zip Code			
		Allen, TX 75013	t <u>.</u>		
		pation / Job title (See Instructions)	Employer (See Instructions	·	
	Insurance A	gent	TexCap Insurance Serv	ICes	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	12/20/2024	Rolf, Rita			\$12.50
		Contributor address; City; State; Zip Code			
		Allon TV 7E012			
_	Dringingl oppu	Allen, TX 75013	Employer (See Instructions		
	Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions TexCap Insurance Servi	·	
		- 			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	<u>-</u>
	11/11/2024	Salazar, Veronica			\$12.00
		Contributor address; City; State; Zip Code			
		Kingwood, TX 77339			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Business Ad		G & A Partners	<i>''</i>	
╞	Date			Amount of Contribution (\$)	
	12/11/2024	Full name of contributor out-of-state PAC (ID#: Salazar, Veronica	/		\$12.00
		Contributor address; City; State; Zip Code			Ψ12.00
		Continuation address, City, State, Zip Code			
		Kingwood, TX 77339			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
	Business Ad		G & A Partners	,	
⊢			1		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/46 Rpt: 39/56	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2024	Scott, Nicole	· · · · · · · · · · · · · · · · · · ·			\$12.50
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		San Antonio, TX 78249				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Insurance Sa	ales	United Healthcare			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/20/2024	Scott, Nicole				\$12.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78249				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance Sa	ales	United Healthcare			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/15/2024	Sherman, Joe	······//			\$12.50
		Contributor address; City; State; Zip Code				
		;;;;				
		Dallas, TX 75248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance A	gent	The Insurance Exchange	е		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/15/2024	Sherman, Joe				\$12.50
		Contributor address; City; State; Zip Code				
		Dallas, TX 75248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance A	gent	The Insurance Exchange	е		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2024	Smith, Craig				\$12.50
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance A	gent	Ark Assurance			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/46 Rpt: 40/56	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/20/2024	Smith, Craig				\$12.50
		6 Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A	gent	Ark Assurance			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Smith, Mike				\$25.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75057				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	The Brokerage, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/20/2024	Smith, Mike				\$25.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75057		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A		The Brokerage, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/20/2024	Splawn, W. Craig				\$30.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77077				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Splawn & Associates	9		
╞						
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#: Splawn, W. Craig)		Amount of Contribution (\$)	\$30.00
	12/20/2024	-				Φου.υυ
		Contributor address; City; State; Zip Code				
		Houston, TX 77077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Insurance Ag		Splawn & Associates	,		
⊢						
Ĺ						

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/46 Rpt: 41/56
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/20/2024	Stair, B. Gene		\$7.50
	6 Contributor address; City; State; Zip Code		1
C. Duit singly age	Austin, TX 78738		
	upation / Job title (See Instructions)	9 Employer (See Instructions Stair & Associates LLC	
Insurance A			-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2024			\$7.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78738		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Insurance A		Stair & Associates LLC	>)
			1 Amount of Constribution (ft)
Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$12.50
11/20/2024			Φτ2.50
	Contributor address; City; State; Zip Code		
	Frisco, TX 75033		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Insurance A		Marsh & McLennan	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2024			\$12.50
	Contributor address; City; State; Zip Code		1
	Frisco, TX 75033		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance A	igent	Marsh & McLennan	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/03/2024	Stockstill, Beckie		\$12.50
	Contributor address; City; State; Zip Code		1
	Deer Park, TX 77536	1	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Insurance A	.gent	Self	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 39/46 Rpt: 42/56
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	sociation of Benefit and Insurance Professionals - Te		00042577
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/03/2024	Stockstill, Beckie		\$12.5
	6 Contributor address; City; State; Zip Code		
	Deer Park, TX 77536		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/20/2024	Stokes Lee, Susan		\$25.0
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance Ag	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/20/2024	Stokes Lee, Susan		\$25.0
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/28/2024	Stubbs, Clifton		\$12.5
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/20/2024	Stubbs, Clifton		\$12.5
	Contributor address; City; State; Zip Code		
	Frisco, TX 75035		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A	gent	Self	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 40/46 Rpt: 43/56	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	National Ass	sociation of Benefit and Insurance Professionals - T	Texas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	12/20/2024	Stubbs, Clifton				\$12.50
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Frisco, TX 75035				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#	• :)	Γ	Amount of Contribution (\$)	
	11/28/2024	Stubbs, Clifton				\$12.50
		Contributor address; City; State; Zip Code		1		
	I					
	I					
		Frisco, TX 75035				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#	÷)		Amount of Contribution (\$)	
	12/28/2024	Stubbs, Clifton				\$12.50
		Contributor address; City; State; Zip Code		1		
	I					
	I					
		Frisco, TX 75035				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aq	yent	Self			
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	11/20/2024	Sullivan, Audra				\$6.25
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Arlington, TX 76006	_ <u>.</u>			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A		Vogue Insurance			
Γ	Date	Full name of contributor Out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
	12/20/2024	Sullivan, Audra				\$6.25
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Arlington, TX 76007				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Vogue Insurance			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 41/46 Rpt: 44/56	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/20/2024	—		S	\$12.50
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75711	i		
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance A	gent 	Hibbs Hallmark & Comp	-	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/20/2024	Swanson, Cynthia			\$12.50
	Contributor address; City; State; Zip Code			
	Tyler, TX 75711			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Insurance A		Hibbs Hallmark & Comp		
			-	
Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Sypert, Steve)	Amount of Contribution (\$)	\$12.50
11/20/2024				φ12.50
	Contributor address, City, State, Zip Code			
	Lubbock, TX 79464			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Insurance A	gent	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/20/2024	Sypert, Steve		5	\$12.50
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79464		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Insurance A		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 40 F0
11/21/2024	Theesfeld, Angela			\$12.50
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Insurance A		Self	,	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/46 Rpt: 45/56
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	11/10/2024	Thexton, Larry		\$15.00
		6 Contributor address; City; State; Zip Code		
		Carrollton, TX 75007		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Agent		Trusted Insurance Solut	tions
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/10/2024	Thexton, Larry		\$15.00
		Contributor address; City; State; Zip Code		
		Carrollton, TX 75007		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Agent		Trusted Insurance Solut	tions
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/20/2024	Thorne, Roblyn		\$12.50
		Contributor address; City; State; Zip Code		
		Austin, TX 78749		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Insurance A	gent	Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/20/2024	Thorne, Roblyn		\$12.50
		Contributor address; City; State; Zip Code		
		Austin, TX 78749		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Insurance A	gent	Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/20/2024	Trebing, C. Louanne		\$25.00
		Contributor address; City; State; Zip Code		
		Garland, TX 75042		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Insurance A	gent	Self	

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 43/46 Rpt: 46/56
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		sociation of Benefit and Insurance Professionals - Te	exas PAC	00042577
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	12/20/2024	Trebing, C. Louanne		\$25.0
	I	6 Contributor address; City; State; Zip Code		·
		Garland, TX 75042		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance Ag	gent	Self	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/11/2024	Vasquez Ramirez, Valeria		\$12.5
	I	Contributor address; City; State; Zip Code		
		San Antonio, TX 78233		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)
	Insurance Ag		Davidson Camp Insurar	nce Services, LLC
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)
	12/11/2024	Vasquez Ramirez, Valeria	,	\$12.5
	 , - -,	Contributor address; City; State; Zip Code		
		San Antonio, TX 78233		
⊢	Principal occu	Lupation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag		Davidson Camp Insurar	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	11/20/2024	Walker, Kenneth	/	\$25.0
	TTI COI =	Contributor address; City; State; Zip Code		·
		Austin, TX 79721		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Owner		Nexus Insurance Marke	
╞		Full name of contributor out-of-state PAC (ID#:		-
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#: Walker, Kenneth)	Amount of Contribution (\$) \$25.0
				Ψ <u></u>
		Contributor address; City; State; Zip Code		
		Austin, TX 79721		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Owner		Nexus Insurance Marke	
\vdash	Gwilei			sung

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/46 Rpt: 47/56	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals - Te	exas PAC		00042577	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/23/2024	Wallace, Kasey			· · · · ·	\$12.50
		6 Contributor address; City; State; Zip Code		ł		
		Houston, TX 77041				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Account Exe	cutive	Kilpatrick Companies			
⊢	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Γ	Amount of Contribution (\$)	
	12/23/2024	Wallace, Kasey			• •	\$12.50
				ł		
		Houston, TX 77041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Account Exe	cutive	Kilpatrick Companies			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/17/2024	Wallin, Johnny				\$12.50
		Contributor address; City; State; Zip Code		1		
		Kennedale, TX 76060				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	12/17/2024	Wallin, Johnny				\$12.50
		Contributor address; City; State; Zip Code		1		
		Kennedale, TX 76060	t <u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	11/12/2024	Willams, Brietta				\$12.50
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76137	1 / 2	Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions			
	Sales		Hartman Insurance Serv	VIC	es	

	The Instru	ction Guide explains how to complete this f	orm.		pages Schedule A1: 45/46 Rpt: 48/56	
2	FILER NAME			3 Filer I	D (Ethics Commission	n Filers)
	National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	0004	2577	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amou	Int of Contribution (\$)	
	12/09/2024	Willams, Brietta				\$12.50
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76137				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Sales		Hartman Insurance Serv	vices		
	Date	Full name of contributor out-of-state PAC (ID#:		Amou	Int of Contribution (\$)	
	10/29/2024	Willingham, Sean				\$12.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Agent		Medicare Man			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	Int of Contribution (\$)	
	11/29/2024	Willingham, Sean				\$12.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259	1 /2			
		ipation / Job title (See Instructions)	Employer (See Instructions)		
	Agent		Medicare Man			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	Int of Contribution (\$)	
	12/29/2024	Willingham, Sean				\$12.50
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	۱		
	Agent		Medicare Man)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	Int of Contribution (\$)	<u>ቀ</u> 10 E0
	11/20/2024	Young, Peter				\$12.50
		Contributor address; City; State; Zip Code				
		Allen, TX 75013				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Insurance Ag		Independent Insurance			
⊢		Joint				

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	L Total pages Schedule A1: Sch: 46/46 Rpt: 49/56
PFILER NAME National Association of Benefit and Insurance Professionals - Texas PAC	3 Filer ID (Ethics Commission Filers) 00042577
Date 5 Full name of contributor out-of-state PAC (ID#:) 7 12/20/2024 Young, Peter 6 Contributor address; City; State; Zip Code 6	7 Amount of Contribution (\$) \$12.50
Allen, TX 75013	
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Insurance Agent Independent Insurance A	dvisors

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

_			
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 50/56
2	FILER NAME	3	Filer ID (Ethics Commission Filers)
	National Association of Benefit and Insurance Professionals - Texas PAC		00042577
4	TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
5	Date 6 Full name of pledgor out-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code 9 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	8 Ictic	Amount of 9 In-kind description pledge (\$) (If applicable) Check if travel outside of Texas. Complete Schedule T
			·

LOANS					SCHEDUL	ЕE
The Instruction	n Guide explains how to co	mplete this f	orm.	1	ges Schedule E: 1 Rpt: 51/56	
2 FILER NAME National Associa	2 FILER NAME 3		3 Filer ID (Ethics Commission Filers) 00042577		ilers)	
⁴ TOTAL OF UN	ITEMIZED LOANS			•	\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
					11 Maturity Date	
12 Principal occupatio	n / Job title (See Instructions)		13 Employer (See Instructions	5)		
14 Description of Colla	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)
not applicable	18 Guarantor address; City;	State;	Zip Code			
20 Principal occupatio	n		21 Employer (See Instructions	5)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 52/56	National Association of Benefit and Insurance Professionals 000042577
4 Date	5 Payee name
12/18/2024	Donna Howard Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 5375
corporate funds	Austin, TX 78763
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/29/2024	Erin Zwiener Campaign
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 184
Expenditure from corporate funds	Driftwood, TX 78619
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 1/3 Rpt:	National Association of Benefit and Insurance	00042577
Date	5 Payee name	
12/27/2024	Chase Bank	
Amount (\$)	7 Payee Address; City; State; Zip	
10.00	302 E Broad St	
Expenditure from corporate funds	Westfield, NJ 07090	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) ((b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Accounting/Banking	Bank fees
Date		
11/20/2024	Payee name Jaffe Communications	
Amount (\$)	Payee Address; City; State; Zip	
300.00	312 North Avenue East, Suite 5	
Expenditure from corporate funds	Cranford, NJ 07016	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Consulting Expense	Management Fees
EXPENDITORE		
<u> </u>		
Date	Payee name	
10/28/2024	Pay Pal	
Amount (\$)	Payee Address; City; State; Zip PO Box 1900	
103.65	PO B0X 1900	
Expenditure from corporate funds	San Jose, CA 97136	
PURPOSE		(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Accounting/Banking	Banking fees
EXPENDITORE		
Data	Payee name	
Date	-	
10/27/2024	Quickbook Payments	
10/27/2024 Amount (\$)	Quickbook Payments Payee Address; City; State; Zip	
10/27/2024 Amount (\$) 0.26	Quickbook Payments	
10/27/2024 Amount (\$) 0.26 Expenditure from	Quickbook Payments Payee Address; City; State; Zip	
10/27/2024 Amount (\$) 0.26	Quickbook Payments Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200	(b) Description (See instructions regarding type of information required.
10/27/2024 Amount (\$) 0.26 Expenditure from corporate funds	Quickbook Payments Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	(b) Description (See instructions regarding type of information required. Banking Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 2/3 Rpt:	National Association of Benefit and Insurance	00042577
Date	5 Payee name	
11/20/2024	Quickbook Payments	
Amount (\$)	7 Payee Address; City; State; Zip	
31.40	21650 Oxnard Street., Suite 2200	
Expenditure from	Woodland Hills, CA 91367	
corporate funds	·	(h) D (Conjunt water a construction to a chiefermation complete
PURPOSE OF EXPENDITURE	Accounting/Banking	(b) Description (See instructions regarding type of information required Banking Fees
Date	Payee name	
11/21/2024	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
0.44	21650 Oxnard Street., Suite 2200	
Expenditure from corporate funds	Woodland Hills, CA 91367	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required
OF EXPENDITURE	Accounting/Banking	Banking Fees
Date	Payee name	
11/26/2024	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
0.26	21650 Oxnard Street., Suite 2200	
Expenditure from corporate funds	Woodland Hills, CA 91367	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required Banking Fees
Date	Payee name	
12/20/2024	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
31.18	21650 Oxnard Street., Suite 2200	
Expenditure from	Woodland Hills, CA 91367	
corporate funds PURPOSE		(b) Description (See instructions regarding type of information required
OF EXPENDITURE	Accounting/Banking	Banking Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Sch: 3/3 Rpt: National Association of Benefit and Insurance 00042577 IDate 5 Payee name Quickbook Payments 12/22/2024 Quickbook Payments 6 Amount (\$) 7 Payee Address; City; State; Zip 0.44 21650 Oxnard Street., Suite 2200 0.44 21650 Oxnard Street., Suite 2200 0.7 Accounting/Banking (b) Description (See instructions regarding type of information requines of acceptable categories) 0 PURPOSE Payee name 0.26 Payee name 12/24/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.26 21650 Oxnard Street., Suite 2200 0.26 PuRPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requines of acceptable categories) 0.26 Payee Address; City; State; Zip 11/22/2024 Quickbook Payments Date <td< th=""><th></th><th>The Instruction Guide explains how to</th><th>complete this form.</th></td<>		The Instruction Guide explains how to	complete this form.
12/22/2024 Quickbook Payments Amount (\$) 7 Payee Address; City; State; Zip 0.44 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires) Date Payee name Banking Fees 12/24/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.26 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requires) Date Payee name Date Payee name 11/22/2024 Quickbook Payments Banking Fees Date Payee name Banking Fees Date Payee name Banking Fees 04 21650 Oxnard Street., Suite 2200 Banking Fees 04.44 21650 Oxnard Street., Suite 2200 Banking Fees 05 Quickbook Payments Gotategory (See instructions fo			
0.44 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requires and the set of the set o			
PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requi Banking Fees Date Payee name 12/24/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.26 21650 Oxnard Street., Suite 2200 Sependiture from Woodland Hills, CA 91367 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requi Banking Fees Date Payee name (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requi Banking Fees Date Payee name (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requi Banking Fees Date Payee name (b) Description (See instructions regarding type of information requi Banking Fees 0.44 21650 Oxnard Street., Suite 2200 (b) Description (See instructions regarding type of information requi Banking fees PURPOSE (a) Category (See instructions for examples of acceptable categories) OF (b) Description (See instructions regarding type of information requi Banking fees	0.44 Expenditure from	21650 Oxnard Street., Suite 2200	
12/24/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.26 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Date OF EXPENDITURE Payee name 11/22/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.44 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 (b) Description (See instructions regarding type of information requires a comparison of acceptable categories) Date 11/22/2024 Payee Address; City; State; Zip 0.44 21650 Oxnard Street., Suite 2200 0.44 21650 Oxnard Street., Suite 2200 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Banking fees	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•
Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requi Banking Fees Date Payee name 11/22/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.44 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requi Banking Fees	12/24/2024	Quickbook Payments Payee Address; City; State; Zip	
OF EXPENDITURE Accounting/Banking Banking Fees Date Payee name 11/22/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.44 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requires the set of th	Expenditure from		
11/22/2024 Quickbook Payments Amount (\$) Payee Address; City; State; Zip 0.44 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information require Banking fees	OF		
0.44 21650 Oxnard Street., Suite 2200 Expenditure from corporate funds Woodland Hills, CA 91367 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information require Banking fees		-	
Lorporate funds Woodland Hills, CA 91367 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information requires) Banking fees	0.44		
OF Accounting/Banking Banking Banking fees			
	OF		•

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

SCHEDULE K

The Instruction Guide explains how to complete this form					pages Schedule K: 1/1 Rpt: 56/56	
2	FILER NAME 3 Filer ID				D (Ethics Commission Filers)	
	National Ass	2577				
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	12/21/2024		Morgan LaMantia for State Senate Committee			\$500.00
		6	Address of person from whom amount is received; City; State; Zip Code			
			Brownsville, TX 78520			
		7	Purpose for which amount is received X Check if p	olitic	cal con	tribution returned to filer
	Date		Name of person from whom amount is received			Amount (\$)
	12/21/2024		Sam Harless Campaign			\$500.00
			Address of person from whom amount is received; City; State; Zip Code			
			Spring, TX 77379			
			Purpose for which amount is received X Check if p	olitic	cal con	tribution returned to filer