FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069829 3 COMMITTEE NAME **OFFICE USE ONLY** RVOS Farm Mutual Insurance Group Political Action Committee Date Received **ELECTRONICALLY FILED** 02/03/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 6106 Change of Address Temple, TX 76503-6106 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Barbara Renee NAME Date Processed NICKNAME **SUFFIX** LAST Renee Date Imaged Quinn CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2301 S. 37th St. STREET **ADDRESS** (Residence or Business) Temple, TX 76504 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2301 S. 37th St. MAILING **ADDRESS** Change of Address Temple, TX 76504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (254) 773-2181 x225 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			-		
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
RVOS Farm Mutual Ins	surance Group Political	Action Committee		00069829	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Macauras	A. Supported			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION	1. TOTAL UNITEMIZED	POLITICAL CONTRIBUTION	ONS (OTHER THAN		
TOTALS	PLEDGES, LOANS,	OR GUARANTEES OF LOA ADE ELECTRONICALLY)		\$	0.00
		qualifies for the higher itemization	on threshold		
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$	202.40
	(OTHER THAN PLEI	OGES, LOANS, OR GUARA	NTEES OF LOANS)		223.48
EXPENDITURE	3. TOTAL UNITEMIZED	POLITICAL EXPENDITUR	ES	\$	0.00
TOTALS				٦	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	
					0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAI G PERIOD	NED AS OF THE LAST	DAY \$	6,022.18
OUTSTANDING	6 TOTAL DRINGIRAL	AMOUNT OF ALL OUTSTAI	NDING LOANS AS OF T	THE	
LOAN TOTALS		REPORTING PERIOD	VDING EGANG AG GI	\$	0.00
.6 AFFIDAVIT	<u> </u>			I	
		true and corre	irm, under penalty of pe ect and includes all inform , Election Code.	rjury, that the a	accompanying report is d to be reported by me
			Ma Darbara	Danca Ovin	_
			Ms. Barbara		
			Signature of Car	npaign rreasu	irei
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, th	nis the	day
		vhich, witness my hand and			
		-			
Signature of officer ac	dministering oath	Printed name of officer adm	inistering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

					3 of 11
		EE NAME rm Mutual Insurance Group Political Action Committee	18 Filer ID 00069829	(Ethics Co	mmission Filers)
	HEDULE	SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	223.48
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	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 (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	21.23
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

TEMPLE, TX 76502 8 Principal occupation / Job title (See Instructions) IT MANAGER Date 01/03/2025 Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) IT MANAGER Date 12/26/2024 Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) IT MANAGER Date 12/26/2024 Principal occupation / Job title (See Instructions) IT MANAGER Principal occupation / Job title (See Instructions) INDERWRITER Date 10/103/2025 Full name of contributor Date of Full name of contributor CARLSON, STACY Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) INDERWRITER Date Full name of contributor Date of Full name of contributor CARLSON, STACY Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY \$ \$ Semployer (See Instructions) Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Semployer (See Instructions) Semployer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Principal occupation / Job title (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Principal occupation / Job title (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Principal occupation / Job title (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Amount of Contribution (\$) Amount of Contribution (\$)		MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDULE	A1
RVOS Farm Mutual Insurance Group Political Action Committee 00069829		The Instru	ction Guide explains how to comp	lete this form	n.	1		
Date 12/26/2024 S Full name of contributor	2		Mutual Insurance Group Political Action	Committee		3		Filers)
B Principal occupation / Job title (See Instructions) IT MANAGER Date O1/03/2025 Full name of contributor BURNETT, GREGORY Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) IT MANAGER Date Full name of contributor TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) IT MANAGER Date Large Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) IT MANAGER Date Large Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) UNDERWRITER Date O1/03/2025 CARLSON, STACY Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) UNDERWRITER Date O1/03/2025 CARLSON, STACY Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) UNDERWRITER Date HOLLAND, TX 76534 Principal occupation / Job title (See Instructions) UNDERWRITER Date Full name of contributor O1/03/2025 CARLSON, STACY Contributor address; City; State; Zip Code Full name of contributor Amount of Contribution (S) Signal of Contribution (S) Signal of Contribution (S) Signal of Contribution (S) Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Date Full name of contributor O1/03/2025 Amount of Contribution (S) Signal of Contributor O1/04-state PAC (ID#: Amount of Contribution (S) Signal of Contribution (S) Signal of Contributor O1/04-state PAC (ID#: Amount of Contribution (S) Signal of Contributor O1/04-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	4	Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
Date Full name of contributor out-of-state PAC (ID#:			TEMPLE, TX 76502					
O1/03/2025 BURNETT, GREGORY Contributor address; City; State; Zip Code TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) IT MANAGER Date 12/26/2024 CARLSON, STACY Contributor address; City; State; Zip Code HOLLAND, TX 76534 Principal occupation / Job title (See Instructions) UNDERWRITER Date Full name of contributor out-of-state PAC (ID#:	8			9	. , `	′	SURANCE COMPANY	
Principal occupation / Job title (See Instructions) IT MANAGER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY			BURNETT, GREGORY)		Amount of Contribution (\$)	\$5.00
Date Full name of contributor out-of-state PAC (ID#:		Principal occu	· ·		Employer (See Instructions	<u>;)</u>		
12/26/2024 CARLSON, STACY Contributor address; City; State; Zip Code							SURANCE COMPANY	
Principal occupation / Job title (See Instructions) UNDERWRITER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY			CARLSON, STACY)		Amount of Contribution (\$)	\$2.50
Date Full name of contributor out-of-state PAC (ID#:			HOLLAND, TX 76534					
O1/03/2025 CARLSON, STACY Contributor address; City; State; Zip Code HOLLAND, TX 76534 Principal occupation / Job title (See Instructions) UNDERWRITER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Date 12/26/2024 GREEN, MARY GREEN, MARY Contributor address; City; State; Zip Code TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)					, , ,	•	SURANCE COMPANY	
Principal occupation / Job title (See Instructions) UNDERWRITER Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY Date 12/26/2024 GREEN, MARY Contributor address; City; State; Zip Code TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$ \$ Employer (See Instructions) Employer (See Instructions)			CARLSON, STACY Contributor address; City; State; Zip Cod)	•	Amount of Contribution (\$)	\$2.50
12/26/2024 GREEN, MARY Contributor address; City; State; Zip Code TEMPLE, TX 76502 Principal occupation / Job title (See Instructions) Employer (See Instructions)		'	pation / Job title (See Instructions)				SURANCE COMPANY	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			GREEN, MARY Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$2.00
UNDERWRITING ADMIN ASST RVOS FARM MUTUAL INSURANCE COMPANY			pation / Job title (See Instructions)					
		UNDERWRI	TING ADMIN ASST		RVOS FARM MUTUAL	IN:	SURANCE COMPANY	

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/11	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political	Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 12/26/2024	5 Full name of contributor GREENMAN, CHERIME 6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$5.00
		EDDY, TX 76524					
8		pation / Job title (See Instructions) NS MANAGER	9	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/03/2025	Full name of contributor GREENMAN, CHERIME Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		EDDY, TX 76524			L		
	•	pation / Job title (See Instructions) NS MANAGER		Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 12/26/2024	HUTKA, AMBER Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
L	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	•	IMS ADJUSTER		RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/03/2025	Full name of contributor HUTKA, AMBER Contributor address; City; State; ROGERS, TX 76569	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) IMS ADJUSTER		Employer (See Instructions		SURANCE COMPANY	
	Date 12/26/2024	HYKEL, RICHARD (Mr.)	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu DIRECTOR	pation / Job title (See Instructions)		Employer (See Instructions RVOS FARM MUTUAL		SURANCE CO	

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS	SCHEDULE A	1
	The Instru	ction Guide explains how to	complete this for	m.	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/11	
2	FILER NAME	Markard Incompany Consum Belisher	I A -4: O: tt		3 Filer ID (Ethics Commission Filers	5)
		Mutual Insurance Group Politica	_		00069829	
4	Date 12/26/2024	5 Full name of contributor	out-of-state PAC (ID#:; ; Zip Code)	7 Amount of Contribution (\$) \$	9.62
	Dringing Lago	TEMPLE, TX 76502	lo.	Faralance (Con Instruction		
8	VICE PRESI	pation / Job title (See Instructions)	9	Employer (See Instructions) INSURANCE COMPANY	
	VICE PRESI			RVUS FARM MUTUAL	INSURANCE COMPANY	
	Date 01/03/2025	Full name of contributor JACKSON, WESLEY Contributor address; City; State	out-of-state PAC (ID#:)	Amount of Contribution (\$)	9.62
		TEMPLE, TX 76502				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	VICE PRESI	DENT		RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date 12/26/2024	Full name of contributor JIMENEZ, ESTEBAN Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	Amount of Contribution (\$)	2.00
		TEMPLE, TX 76502				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
		RELATIONS SPECIALIST			INSURANCE COMPANY	
	Date 01/03/2025	Full name of contributor JIMENEZ, ESTEBAN Contributor address; City; State TEMPLE, TX 76502	out-of-state PAC (ID#: ; Zip Code		Amount of Contribution (\$)	2.00
	•	pation / Job title (See Instructions) R RELATIONS SPECIALIST		Employer (See Instructions RVOS FARM MUTUAL) INSURANCE COMPANY	
	Date 12/26/2024	Full name of contributor MCANAW, GREGORY Contributor address; City; State Temple, TX 76502	out-of-state PAC (ID#:;		Amount of Contribution (\$)	5.00
	Principal occu CLAIMS MA	pation / Job title (See Instructions) NAGER		Employer (See Instructions RVOS FARM MUTUAL) INSURANCE COMPANY	

	MONEI	ARY POLITICAL (ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/11	
2	FILER NAME RVOS Farm	Mutual Insurance Group Polit	ical Action Committee		3	Filer ID (Ethics Commission 00069829	Filers)
4	Date 01/03/2025	5 Full name of contributor MCANAW, GREGORY6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Temple, TX 76502					
8	Principal occu CLAIMS MA	-) 9	Employer (See Instructions RVOS FARM MUTUAL			
	Date 12/26/2024	Full name of contributor QUINN, BARBARA Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Deinsinal	TEMPLE, TX 76502		Facilities (One leading the an			
	CONTROLL	pation / Job title (See Instructions ER)	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 01/03/2025	Full name of contributor QUINN, BARBARA Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		TEMPLE, TX 76502					
	Principal occu CONTROLL	pation / Job title (See Instructions ER)	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	
	Date 12/26/2024	Full name of contributor SANDEFUR, AMBER Contributor address; City; St TEMPLE, TX 76502	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu UNDERWRI	pation / Job title (See Instructions)	Employer (See Instructions		SURANCE COMPANY	
	Date 01/03/2025	Full name of contributor SANDEFUR, AMBER Contributor address; City; St TEMPLE, TX 76502	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.00
	Principal occu UNDERWRI	pation / Job title (See Instructions TER-AUTO)	Employer (See Instructions RVOS FARM MUTUAL		SURANCE COMPANY	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/11	
2	FILER NAME	Mutual Insurance Group Politic	ral Action Committee		3 Filer ID (Ethics Commission F 00069829	Filers)
_						
4	Date 12/26/2024	 5 Full name of contributor [SHOCKLEY, WILEY 6 Contributor address; City; Sta 	out-of-state PAC (ID#: te; Zip Code)	7 Amount of Contribution (\$)	\$20.00
		BELTON, TX 76513				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	
•	PRESIDENT				INSURANCE COMPANY	
				TO CO 17 (ITAN) MICTORIE		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/03/2025	SHOCKLEY, WILEY				\$20.00
		Contributor address; City; Sta	te; Zip Code			
		BELTON, TX 76513				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	PRESIDENT	-		RVOS FARM MUTUAL	INSURANCE COMPANY	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/26/2024	SMITH, JAMES	_			\$9.62
		Contributor address; City; State; Zip Code				
			,,-			
		TEMPLE, TX 76504				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	SECRETAR'				INSURANCE COMPANY	
	Doto	Full name of contributor			Amount of Contribution (#)	
	Date		out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀባ ፍን
	01/03/2025	SMITH, JAMES				\$9.62
		Contributor address; City; Sta	te; Zip Code			
		TEMPLE, TX 76504				
	Drive in all accu			Franks or (Cas Instructions	\	
	SECRETAR'	pation / Job title (See Instructions)		Employer (See Instructions	INSURANCE COMPANY	
	SECRETAR	Y		RVUS FARIVI MUTUAL	INSURANCE COMPANY	
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)	
	12/26/2024	SULAK, IRENE				\$10.00
		Contributor address; City; Sta	te; Zip Code			
		TEMPLE, TX 76501				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	· ·)	
	VICE PRESI	DENT OPERATIONS		RVOS FARM MUTUAL	INSURANCE COMPANY	
_						

	MONEI	ARY POLITICAL CONT	RIBUTION	15	SCHEDULE A	\1
	The Instru	ction Guide explains how to com	plete this for	m.	1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/11	
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Actic	on Committee		3 Filer ID (Ethics Commission File 00069829	ers)
4	Date	·	state PAC (ID#:)	7 Amount of Contribution (\$)	
	01/03/2025	SULAK, IRENE 6 Contributor address; City; State; Zip C	ode		\$	\$10.00
		TEMPLE, TX 76501				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	
Ĭ		DENT OPERATIONS			INSURANCE COMPANY	
	Date	Full name of contributor	state PAC (ID#:)	Amount of Contribution (\$)	
	12/26/2024	TIRCUIT, SHEILA		,		\$3.00
		Contributor address; City; State; Zip C	ode			
		DOCEDS TV 76560				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	•	ATIVE ASSTMGA			INSURANCE COMPANY	
	Date	Full name of contributor out-of-	-state PAC (ID#:)	Amount of Contribution (\$)	
	01/03/2025	TIRCUIT, SHEILA				\$3.00
		Contributor address; City; State; Zip Code				
		ROGERS, TX 76569				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	•	ATIVE ASSTMGA			INSURANCE COMPANY	
	Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of Contribution (\$)	
	12/26/2024	Thoma, Ryan			\$	10.00
		Contributor address; City; State; Zip C	ode			
		San Angelo, TX 76904				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Director			RVOS		
	Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of Contribution (\$)	
	12/26/2024	WON, BEN (Mr.)			\$	\$10.00
		Contributor address; City; State; Zip C	ode			
		BELTON, TX 76513				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	QA/SUPPOF	RT MANAGER		RVOS FARM MUTUAL	INSURANCE COMPANY	

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/11
2	FILER NAME RVOS Farm	Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4	Date 01/03/2025	Full name of contributor		7 Amount of Contribution (\$) \$10.00
	Dringing con	BELTON, TX 76513	O Employer (Coo Instruction	
8	•	pation / Job title (See Instructions) RT MANAGER	9 Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY
	Date 12/26/2024	Full name of contributor out-of-state PAC (ID#:_WOOD, ANNEKA Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2.00
	Dringing con	TEMPLE, TX 76502	Employer (Coo Instructions	
		pation / Job title (See Instructions) ER UNDERWRITER	Employer (See Instructions RVOS FARM MUTUAL	INSURANCE COMPANY
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: WOOD, ANNEKA Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$2.00
	•	TEMPLE, TX 76502 spation / Job title (See Instructions) ER UNDERWRITER	Employer (See Instructions	 s) INSURANCE COMPANY

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE					
	The Instruction Guide explains how to complete this	form.			
1 Total pages Schedule I: Sch: 1/1 Rpt:	FILER NAME RVOS Farm Mutual Insurance Group Political Action	3 Filer ID (Ethics Commission Filers) 00069829			
4 Date 01/13/2025	5 Payee name Wells Fargo Bank N.A.				
6 Amount (\$) 21.23 Expenditure from corporate funds	7 Payee Address; City; State; Zip 420 Montgomery Street San Francisco, CA 94104				
8 PURPOSE OF EXPENDITURE		(See instructions regarding type of information required.)			