

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015644		2 Total pages filed: 28	
3 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/03/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3755 Attucks Drive Powell, OH 43065				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Daniel NICKNAME LAST SUFFIX O'Connell				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3755 Attucks Drive Powell, OH 43065				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1250 S. Capitol of TX Hwy. Bldg. 3 Ste. 400 Austin, TX 78746				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 716-8800				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02/26/2025 03/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		13 Filer ID (Ethics Commission Filers) 00015644
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,997.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 82,830.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Daniel O'Connell

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 28

17 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		18 Filer ID (Ethics Commission Filers) 00015644
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,231.40
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,766.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,050.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/18 Rpt: 4/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Cappilla <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1044	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Aaron Cappilla farmers insurance agency
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Holland <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-4412	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Principal
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyson, Guest <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-5118	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) MetLife Premier Client Group
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Baker <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-4115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Malone <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-1225	Amount of Contribution (\$) \$16.80
Principal occupation / Job title (See Instructions) Financial Professional		Employer (See Instructions) Level Four Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/18 Rpt: 5/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin, Gerald <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071-5670	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Audible Financial Group
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Green <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-1004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Third Rail Financial, LLC
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent, Hill <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114-4336	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) Professional Insurance Svcs
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Metteauer <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803-6850	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Carol Metteauer
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline, Welch <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78738-1007	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/18 Rpt: 6/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chane, Reagan 6 Contributor address; City; State; Zip Code Montgomery, TX 77316-6882	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) AuguStar Financial Services
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$33.60
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/18 Rpt: 7/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri, Stanwix 6 Contributor address; City; State; Zip Code Celina, TX 75009-4630	7 Amount of Contribution (\$) \$16.80
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Stanwix Insurance & Benefits
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissman, Crombie Contributor address; City; State; Zip Code Benbrook, TX 76126-4525	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Crombie Financial Group, LLC
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Price Contributor address; City; State; Zip Code Amarillo, TX 79106-5730	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life Insurance CO & NYLIFE Securities
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, Fisher Contributor address; City; State; Zip Code Dallas, TX 75254-2821	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) The Fisher Agency, Inc.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell Contributor address; City; State; Zip Code Dallas, TX 75225-2114	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/18 Rpt: 8/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell 6 Contributor address; City; State; Zip Code Dallas, TX 75225-2114	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Next Level Insurance Agency, LLC
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Bronstad Contributor address; City; State; Zip Code Bryan, TX 77802-4301	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Financial Representative		Employer (See Instructions) Thrivent Financial
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Farabee Contributor address; City; State; Zip Code Wichita Falls, TX 76301-6824	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Webb Contributor address; City; State; Zip Code Nacogdoches, TX 75964-1388	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Pioneer Financial Group
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah, Gary Contributor address; City; State; Zip Code Karnack, TX 75661-0323	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Texas Farm Bureau Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/18 Rpt: 9/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79701-5515	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Carter Financial Group
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Hutto <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-3264	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Hutto Insurance Services
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-5772	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) OFG Financial Services, Inc.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-5772	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) OFG Financial Services, Inc.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Vickers <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808-8402	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Financial_Advisor		Employer (See Instructions) Mutual of Omaha Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/18 Rpt: 10/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Marvin <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248-1705	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Ed Marvin Insurance Brokerage
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Cisneros <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927-3398	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Enrique Cisneros Insurance
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Forsythe <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-4732	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Northwestern Mutual
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filemon, Esquivel <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363-5774	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) New York Life
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Kneip <hr/> Contributor address; City; State; Zip Code Victoria, TX 77905-3178	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Crossroads Insurance Professionals Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/18 Rpt: 11/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Schmiedekamp <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-3673	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) MR		9 Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria, Guzman <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936-6231	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Guardian
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grover, Brillhart <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098-4036	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Penn Mutual Wealth Strategies
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollie, Gandy Donohue <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-4633	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) OwnerSenior Producer		Employer (See Instructions) Texas Retirement Solutions
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollie, Gandy Donohue <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-4633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OwnerSenior Producer		Employer (See Instructions) Texas Retirement Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/18 Rpt: 12/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack, Knight 6 Contributor address; City; State; Zip Code Amarillo, TX 79109-5908	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) Agency Owner		9 Employer (See Instructions) Jack Knight Insurance Assoc
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Burghard Contributor address; City; State; Zip Code San Antonio, TX 78217-4011	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) James O. Burghard Financial Services
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Mickey Contributor address; City; State; Zip Code Spring, TX 77388-5012	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor, Managing Associate		Employer (See Instructions) Wealth Design Group
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Talley Contributor address; City; State; Zip Code Floresville, TX 78114-0576	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Talley Benefits Insurance Group, LLC
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Schroeder Contributor address; City; State; Zip Code Brenham, TX 77833-5067	Amount of Contribution (\$) \$4.80
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Southern Farm Bureau Life Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/18 Rpt: 13/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Hutson 6 Contributor address; City; State; Zip Code Amarillo, TX 79109-5039	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) The Jim Hutson Agency, LLC
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey, Ussery Contributor address; City; State; Zip Code Bellville, TX 77418-3822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Regional V.P.		Employer (See Instructions) John Hancock Life Insurance
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey, Ussery Contributor address; City; State; Zip Code Bellville, TX 77418-3822	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Regional V.P.		Employer (See Instructions) John Hancock Life Insurance
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Brieden Contributor address; City; State; Zip Code Brenham, TX 77833-4916	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Denton Contributor address; City; State; Zip Code Amarillo, TX 79109-3534	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Field_Representative		Employer (See Instructions) Northwestern Mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/18 Rpt: 14/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Rivard <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-2614	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Borden Hamman Agency
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Still <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-3586	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Still Financial Group
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wheeler Jr. <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-1798	Amount of Contribution (\$) \$168.00
Principal occupation / Job title (See Instructions) Executive Senior Partner		Employer (See Instructions) Totus Wealth Management LLC
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon, Sharp <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-3392	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) National Life
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Kerr <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634-2143	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Kerr Financial Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/18 Rpt: 15/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79904-2514	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Transamerica agency network
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr <hr/> Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Easterling <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8640	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) State Farm Insurance Companies
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, True <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3188	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) NAIFA - Dallas
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken, Quach <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-2505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent/Broker		Employer (See Instructions) Ken Quach Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/18 Rpt: 16/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Haworth 6 Contributor address; City; State; Zip Code Amarillo, TX 79159-0265	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) The Haworth Company
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Boozer Contributor address; City; State; Zip Code Denton, TX 76205-8008	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Vice President - Marketing		Employer (See Instructions) Don Boozer & Assoc.
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannie, Jackson Contributor address; City; State; Zip Code Coppell, TX 75019-4007	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Jackson Benefits Group
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Pinckard Contributor address; City; State; Zip Code Fort Worth, TX 76135-4424	Amount of Contribution (\$) \$22.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) LP Insurance and Financial Services
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Goss Contributor address; City; State; Zip Code Leander, TX 78641-3802	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Linda Goss

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/18 Rpt: 17/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Jones <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77277-1465	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Financial_Representative		9 Employer (See Instructions) Remington Insurance Group, Inc
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Warren <hr/> Contributor address; City; State; Zip Code Plainview, TX 79073-0626	Amount of Contribution (\$) \$84.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Retired
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Sreen <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-7708	Amount of Contribution (\$) \$20.80
Principal occupation / Job title (See Instructions) Financial Associate		Employer (See Instructions) Thrivent Financial
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Evans <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-3404	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Brokerage Manager		Employer (See Instructions) The DI Center
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Wilder <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-6324	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Shamrock Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/18 Rpt: 18/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Weiss <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833-1685	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Financial Consultant		9 Employer (See Instructions) Thrivent Financial
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hopper <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-2422	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) National Life
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney, Mogen <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2453	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) DI/Business Insurance Expert for Advisor's		Employer (See Instructions) Brokerage Director @ Mass Mutual & Solve Ur Puzzle
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney, Mogen <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2453	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DI/Business Insurance Expert for Advisor's		Employer (See Instructions) Brokerage Director @ Mass Mutual & Solve Ur Puzzle
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando, Barrera <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agency_Owner		Employer (See Instructions) Roland Barrera Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/18 Rpt: 19/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronny, Bryant 6 Contributor address; City; State; Zip Code Abilene, TX 79602-6105	7 Amount of Contribution (\$) \$6.80
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Perry Hunter Hall
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Shannon Contributor address; City; State; Zip Code Highland Village, TX 75077-1859	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) RUTH SHANNON STATE FARM
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Aschenbeck Contributor address; City; State; Zip Code Brenham, TX 77833-3501	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Financial Associate		Employer (See Instructions) Thrivent Financial
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Ward Contributor address; City; State; Zip Code Longview, TX 75605-7347	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Ward Agency
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) TL LITTLETON INS AGY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/18 Rpt: 20/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) TL LITTLETON INS AGY
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) TL LITTLETON INS AGY
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) TL LITTLETON INS AGY
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Mahony <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76132-1518	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TMA Financial
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Roels <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Marketing Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/18 Rpt: 21/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Miller <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-5331	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) TMiller Financial
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Henly <hr/> Contributor address; City; State; Zip Code San Augustine, TX 75972-1324	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Henly Insurance
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes, Wessel <hr/> Contributor address; City; State; Zip Code Willis, TX 77318-6431	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) General Agent		Employer (See Instructions) National Life
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Montague <hr/> Contributor address; City; State; Zip Code Garland, TX 75044-3531	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) National Life
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuka, Nakahara-Goven <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-4852	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/6 Rpt: 22/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Corporation / Labor Organization name Annie <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78413-4825	7 Amount of contribution (\$) \$6.00
Date 03/10/2025	Corporation / Labor Organization name Annie <hr/> Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78413-4825	Amount of contribution (\$) \$6.00
Date 03/10/2025	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code Elkhart, TX 75839-5116	Amount of contribution (\$) \$6.80
Date 03/10/2025	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code Elkhart, TX 75839-5116	Amount of contribution (\$) \$6.80
Date 03/10/2025	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code Decatur, TX 76234-1373	Amount of contribution (\$) \$16.80
Date 03/10/2025	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code Decatur, TX 76234-1373	Amount of contribution (\$) \$16.80
Date 03/10/2025	Corporation / Labor Organization name Don <hr/> Corporation / Labor Organization address; City; State; Zip Code Denton, TX 76205-8008	Amount of contribution (\$) \$6.80

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/6 Rpt: 23/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Corporation / Labor Organization name Don	7 Amount of contribution (\$) \$6.80
	6 Corporation / Labor Organization address; City; State; Zip Code Denton, TX 76205-8008	
Date 03/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$6.80
	Corporation / Labor Organization address; City; State; Zip Code Plano, TX 75075-7729	
Date 03/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$6.80
	Corporation / Labor Organization address; City; State; Zip Code Plano, TX 75075-7729	
Date 03/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$4.00
	Corporation / Labor Organization address; City; State; Zip Code Tomball, TX 77377-8649	
Date 03/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$4.00
	Corporation / Labor Organization address; City; State; Zip Code Tomball, TX 77377-8649	
Date 03/10/2025	Corporation / Labor Organization name Jason	Amount of contribution (\$) \$84.00
	Corporation / Labor Organization address; City; State; Zip Code Floresville, TX 78114-0576	
Date 03/10/2025	Corporation / Labor Organization name Jason	Amount of contribution (\$) \$84.00
	Corporation / Labor Organization address; City; State; Zip Code Floresville, TX 78114-0576	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/6 Rpt: 24/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Corporation / Labor Organization name Jim 6 Corporation / Labor Organization address; City; State; Zip Code Eastland, TX 76448-0895	7 Amount of contribution (\$) \$6.80
Date 03/10/2025	Corporation / Labor Organization name Jim Corporation / Labor Organization address; City; State; Zip Code Eastland, TX 76448-0895	Amount of contribution (\$) \$6.80
Date 03/10/2025	Corporation / Labor Organization name Joe Corporation / Labor Organization address; City; State; Zip Code Fort Worth, TX 76116-1620	Amount of contribution (\$) \$3.40
Date 03/10/2025	Corporation / Labor Organization name Joe Corporation / Labor Organization address; City; State; Zip Code Fort Worth, TX 76116-1620	Amount of contribution (\$) \$3.40
Date 03/10/2025	Corporation / Labor Organization name Joe Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-2511	Amount of contribution (\$) \$40.00
Date 03/10/2025	Corporation / Labor Organization name Joe Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-2511	Amount of contribution (\$) \$40.00
Date 03/10/2025	Corporation / Labor Organization name John Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-8716	Amount of contribution (\$) \$10.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 4/6 Rpt: 25/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Corporation / Labor Organization name John <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	7 Amount of contribution (\$) \$100.00
Date 03/10/2025	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-8716	Amount of contribution (\$) \$10.00
Date 03/10/2025	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	Amount of contribution (\$) \$100.00
Date 03/10/2025	Corporation / Labor Organization name Keith <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78258-7540	Amount of contribution (\$) \$20.00
Date 03/10/2025	Corporation / Labor Organization name Keith <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78258-7540	Amount of contribution (\$) \$20.00
Date 03/10/2025	Corporation / Labor Organization name Lilia <hr/> Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$6.80
Date 03/10/2025	Corporation / Labor Organization name Lilia <hr/> Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$6.80

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 5/6 Rpt: 26/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Corporation / Labor Organization name Michael <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78270-1307	7 Amount of contribution (\$) \$10.00
Date 03/10/2025	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78270-1307	Amount of contribution (\$) \$10.00
Date 03/10/2025	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code HEATH, TX 75032-5998	Amount of contribution (\$) \$6.80
Date 03/10/2025	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code HEATH, TX 75032-5998	Amount of contribution (\$) \$6.80
Date 03/10/2025	Corporation / Labor Organization name Paul <hr/> Corporation / Labor Organization address; City; State; Zip Code Mansfield, TX 76063-5320	Amount of contribution (\$) \$120.00
Date 03/10/2025	Corporation / Labor Organization name Paul <hr/> Corporation / Labor Organization address; City; State; Zip Code Mansfield, TX 76063-5320	Amount of contribution (\$) \$120.00
Date 03/10/2025	Corporation / Labor Organization name Peter <hr/> Corporation / Labor Organization address; City; State; Zip Code Spring, TX 77379-2542	Amount of contribution (\$) \$10.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 6/6 Rpt: 27/28
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/10/2025	5 Corporation / Labor Organization name Peter <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Spring, TX 77379-2542	7 Amount of contribution (\$) \$10.00
Date 03/10/2025	Corporation / Labor Organization name Raymond <hr/> Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	Amount of contribution (\$) \$8.00
Date 03/10/2025	Corporation / Labor Organization name Raymond <hr/> Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	Amount of contribution (\$) \$8.00
Date 03/10/2025	Corporation / Labor Organization name Steven <hr/> Corporation / Labor Organization address; City; State; Zip Code COLLEGE STATION, TX 77840-7000	Amount of contribution (\$) \$400.00
Date 03/10/2025	Corporation / Labor Organization name Steven <hr/> Corporation / Labor Organization address; City; State; Zip Code COLLEGE STATION, TX 77840-7000	Amount of contribution (\$) \$400.00
Date 03/10/2025	Corporation / Labor Organization name Vincente <hr/> Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79118-9390	Amount of contribution (\$) \$10.00
Date 03/10/2025	Corporation / Labor Organization name Vincente <hr/> Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79118-9390	Amount of contribution (\$) \$10.00

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME National Association of Insurance and Financial	3 Filer ID (Ethics Commission Filers) 00015644
4 Date 03/03/2025	5 Payee name NAIFA-Texas	
6 Amount (\$) 2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Admin Fee to manage PAC
Date 03/17/2025	Payee name NAIFA-Texas	
Amount (\$) 1,050.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) 2024 Form 990 Tax Preparation and Filing Fee for Accountant