

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) 00069829		2 Total pages filed: 8	
3 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 05/01/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 6106 Temple, TX 76503-6106				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Barbara Renee <hr/> NICKNAME LAST SUFFIX Renee Quinn				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2301 S. 37th St. Temple, TX 76504				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2301 S. 37th St. Temple, TX 76504				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 773-2181 x225				
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 type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input checked="" 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 03/26/2025 04/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee	13 Filer ID (Ethics Commission Filers) 00069829
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 293.36
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	\$ 6,708.70
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.

Ms. Barbara Renee Quinn

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
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17 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee		18 Filer ID (Ethics Commission Filers) 00069829
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 293.36
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 55.14
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: 1/4 Rpt: 4/8
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNETT, GREGORY <hr/> 6 Contributor address; City; State; Zip Code TEMPLE, TX 76502	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) IT MANAGER		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLSON, STACY <hr/> Contributor address; City; State; Zip Code HOLLAND, TX 76534	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENMAN, CHERIME <hr/> Contributor address; City; State; Zip Code EDDY, TX 76524	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTKA, AMBER <hr/> Contributor address; City; State; Zip Code ROGERS, TX 76569	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) STAFF CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HYKEL, RICHARD (Mr.) <hr/> Contributor address; City; State; Zip Code TROY, TX 76579-9026	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE CO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, WESLEY <hr/> 6 Contributor address; City; State; Zip Code TEMPLE, TX 76502	7 Amount of Contribution (\$) \$28.86
8 Principal occupation / Job title (See Instructions) VICE PRESIDENT		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMENEZ, ESTEBAN <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) CUSTOMER RELATIONS SPECIALIST		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCANAW, GREGORY <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) CLAIMS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINN, BARBARA <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDEFUR, AMBER <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) UNDERWRITER-AUTO		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOCKLEY, WILEY <hr/> 6 Contributor address; City; State; Zip Code BELTON, TX 76513	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SULAK, IRENE <hr/> Contributor address; City; State; Zip Code TEMPLE, TX 76501	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT OPERATIONS		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIRCUIT, SHEILA <hr/> Contributor address; City; State; Zip Code ROGERS, TX 76569	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASST.-MGA		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoma, Ryan <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) RVOS
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WON, BEN (Mr.) <hr/> Contributor address; City; State; Zip Code BELTON, TX 76513	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) QA/SUPPORT MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2 FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		3 Filer ID (Ethics Commission Filers) 00069829
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, ANNEKA <hr/> 6 Contributor address; City; State; Zip Code TEMPLE, TX 76502	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) HOMEOWNER UNDERWRITER		9 Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

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: 8/8	2 FILER NAME RVOS Farm Mutual Insurance Group Political Action	3 Filer ID (Ethics Commission Filers) 00069829
4 Date 04/11/2025	5 Payee name Wells Fargo Bank N.A.	
6 Amount (\$) 55.14 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 420 Montgomery Street San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Client Analysis Fee