

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: 38	
3 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 05/05/2025 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 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 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)	\$ 14,388.40
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	\$ 85,014.79
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
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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	\$ 13,615.40
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	\$ 773.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,000.00
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: 1/30 Rpt: 4/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Cappilla 6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1044	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Aaron Cappilla farmers insurance agency
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Holland Contributor address; City; State; Zip Code Houston, TX 77055-4412	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Principal
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyson, Guest Contributor address; City; State; Zip Code Houston, TX 77042-5118	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) MetLife Premier Client Group
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B., Erck Contributor address; City; State; Zip Code Houston, TX 77042-2906	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) ExamOne
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Baker Contributor address; City; State; Zip Code San Antonio, TX 78209-4115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/30 Rpt: 5/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Malone 6 Contributor address; City; State; Zip Code Lubbock, TX 79424-1225	7 Amount of Contribution (\$) \$16.80
8 Principal occupation / Job title (See Instructions) Financial Professional		9 Employer (See Instructions) Level Four Group
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin, Gerald Contributor address; City; State; Zip Code McKinney, TX 75071-5670	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Audible Financial Group
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Green 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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent, Hill 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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Metteauer 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/30 Rpt: 6/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline, Welch <hr/> 6 Contributor address; City; State; Zip Code Lakeway, TX 78738-1007	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) State Farm Insurance Companies
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chane, Reagan <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-6882	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) AuguStar Financial Services
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$33.60
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-4605	Amount of Contribution (\$) \$80.00
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: 4/30 Rpt: 7/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833-4605	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri, Stanwix <hr/> Contributor address; City; State; Zip Code Celina, TX 75009-4630	Amount of Contribution (\$) \$16.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Stanwix Insurance & Benefits
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissman, Crombie <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-4525	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Crombie Financial Group, llc
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Price <hr/> 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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2114	Amount of Contribution (\$) \$60.00
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: 5/30 Rpt: 8/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	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 (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Next Level Insurance Agency, LLC
Date 04/10/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC
Date 04/10/2025	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 (\$) \$140.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC
Date 04/10/2025	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 (\$) \$140.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC
Date 04/10/2025	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 (\$) \$140.00
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: 6/30 Rpt: 9/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-2114	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Next Level Insurance Agency, LLC
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2114	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2114	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Bronstad <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-4301	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Financial Representative		Employer (See Instructions) Thrivent Financial
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Farabee <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301-6824	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/30 Rpt: 10/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Farabee 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301-6824	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Arthur J. Gallagher & Co
Date 04/10/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co
Date 04/10/2025	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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter Contributor address; City; State; Zip Code Midland, TX 79701-5515	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Carter Financial Group
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter Contributor address; City; State; Zip Code Midland, TX 79701-5515	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Carter Financial Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/30 Rpt: 11/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Hutto 6 Contributor address; City; State; Zip Code Burleson, TX 76028-3264	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Hutto Insurance Services
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey 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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey 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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey 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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey Contributor address; City; State; Zip Code San Angelo, TX 76904-5772	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) OFG Financial Services, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/30 Rpt: 12/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-5772	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) OFG Financial Services, Inc.
Date 04/10/2025	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
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward, Marvin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1705	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Ed Marvin Insurance Brokerage
Date 04/10/2025	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 04/10/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/30 Rpt: 13/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Cisneros <hr/> 6 Contributor address; City; State; Zip Code Socorro, TX 79927-3398	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Enrique Cisneros Insurance
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Reed <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002-8848	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Audible Financial Group
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest, Stiba <hr/> Contributor address; City; State; Zip Code China Spring, TX 76633-3286	Amount of Contribution (\$) \$416.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Stiba Wealth Management Group
Date 04/10/2025	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 04/10/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/30 Rpt: 14/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Kneip <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77905-3178	7 Amount of Contribution (\$) \$6.80
8 Principal occupation / Job title (See Instructions) Owner/President		9 Employer (See Instructions) Crossroads Insurance Professionals Inc.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Schmiedekamp <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3673	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MR		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 04/10/2025	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 04/10/2025	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 04/10/2025	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 (\$) \$60.00
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: 12/30 Rpt: 15/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollie, Gandy Donohue <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-4633	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) OwnerSenior Producer		9 Employer (See Instructions) Texas Retirement Solutions
Date 04/10/2025	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
Date 04/10/2025	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
Date 04/10/2025	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
Date 04/10/2025	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 (\$) \$140.00
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: 13/30 Rpt: 16/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ian, Escalante <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79928-7678	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Ian Escalante Insurance Agency Inc.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ian, Escalante <hr/> Contributor address; City; State; Zip Code El Paso, TX 79928-7678	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Ian Escalante Insurance Agency Inc.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack, Knight <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-5908	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Agency Owner		Employer (See Instructions) Jack Knight Insurance Assoc
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Burghard <hr/> 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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Stratton <hr/> Contributor address; City; State; Zip Code Spring, TX 77388-5185	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Stratton & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/30 Rpt: 17/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Thompson 6 Contributor address; City; State; Zip Code Amarillo, TX 79119-6250	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Wealth Advisor		9 Employer (See Instructions) Thompson Financial Consulting Inc.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Thompson Contributor address; City; State; Zip Code Amarillo, TX 79119-6250	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Thompson Financial Consulting Inc.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Thompson Contributor address; City; State; Zip Code Amarillo, TX 79119-6250	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Thompson Financial Consulting Inc.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Thompson Contributor address; City; State; Zip Code Amarillo, TX 79119-6250	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Thompson Financial Consulting Inc.
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Thompson Contributor address; City; State; Zip Code Amarillo, TX 79119-6250	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Thompson Financial Consulting Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/30 Rpt: 18/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Mickey 6 Contributor address; City; State; Zip Code Spring, TX 77388-5012	7 Amount of Contribution (\$) \$6.80
8 Principal occupation / Job title (See Instructions) Financial Advisor, Managing Associate		9 Employer (See Instructions) Wealth Design Group
Date 04/10/2025	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
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Hutson Contributor address; City; State; Zip Code Amarillo, TX 79109-5039	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Jim Hutson Agency, LLC
Date 04/10/2025	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 04/10/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/30 Rpt: 19/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey, Ussery 6 Contributor address; City; State; Zip Code Bellville, TX 77418-3822	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Regional V.P.		9 Employer (See Instructions) John Hancock Life Insurance
Date 04/10/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Regional V.P.		Employer (See Instructions) John Hancock Life Insurance
Date 04/10/2025	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 04/10/2025	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
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Rivard Contributor address; City; State; Zip Code Dallas, TX 75214-2614	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Borden Hamman Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/30 Rpt: 20/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Ruckel <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-1929	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Career Agent		9 Employer (See Instructions) Ruckel Insurance & Financial Group
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Ruckel <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-1929	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Career Agent		Employer (See Instructions) Ruckel Insurance & Financial Group
Date 04/10/2025	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 04/10/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Senior Partner		Employer (See Instructions) Totus Wealth Management LLC
Date 04/10/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Senior Partner		Employer (See Instructions) Totus Wealth Management LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/30 Rpt: 21/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wheeler Jr. <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-1798	7 Amount of Contribution (\$) \$168.00
8 Principal occupation / Job title (See Instructions) Executive Senior Partner		9 Employer (See Instructions) Totus Wealth Management LLC
Date 04/10/2025	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 04/10/2025	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
Date 04/10/2025	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 (\$) \$50.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	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 (\$) \$60.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/30 Rpt: 22/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr 6 Contributor address; City; State; Zip Code El Paso, TX 79904-2514	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/30 Rpt: 23/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr 6 Contributor address; City; State; Zip Code El Paso, TX 79904-2514	7 Amount of Contribution (\$) \$140.00
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/30 Rpt: 24/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr 6 Contributor address; City; State; Zip Code El Paso, TX 79904-2514	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Orr Contributor address; City; State; Zip Code El Paso, TX 79904-2514	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Transamerica agency network
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Easterling Contributor address; City; State; Zip Code Austin, TX 78759-8640	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) State Farm Insurance Companies
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Easterling Contributor address; City; State; Zip Code Austin, TX 78759-8640	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) State Farm Insurance Companies
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, TRUE 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/30 Rpt: 25/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken, Quach <hr/> 6 Contributor address; City; State; Zip Code Fulshear, TX 77441-2505	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent/Broker		9 Employer (See Instructions) Ken Quach Insurance Agency
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Haworth <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79159-0265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Haworth Company
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Haworth <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79159-0265	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Haworth Company
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle, Lindner <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-1731	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Boozer <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-8008	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Vice President - Marketing		Employer (See Instructions) Don Boozer & Assoc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/30 Rpt: 26/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannie, Jackson <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-4007	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) Jackson Benefits Group
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Pinckard <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135-4424	Amount of Contribution (\$) <div style="text-align: right;">\$22.80</div>
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) LP Insurance and Financial Services
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Pinckard <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135-4424	Amount of Contribution (\$) <div style="text-align: right;">\$40.00</div>
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) LP Insurance and Financial Services
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Goss <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-3802	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Linda Goss
Date 04/10/2025	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 (\$) <div style="text-align: right;">\$40.00</div>
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/30 Rpt: 27/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Warren <hr/> 6 Contributor address; City; State; Zip Code Plainview, TX 79073-0626	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Retired
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Spreen <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-7708	Amount of Contribution (\$) \$20.80
Principal occupation / Job title (See Instructions) Financial Associate		Employer (See Instructions) Thrivent Financial
Date 04/10/2025	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 04/10/2025	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
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy, Robertson <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-7649	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Randy T. Robertson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/30 Rpt: 28/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy, Robertson 6 Contributor address; City; State; Zip Code McKinney, TX 75071-7649	7 Amount of Contribution (\$) \$240.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Randy T. Robertson
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy, Robertson Contributor address; City; State; Zip Code McKinney, TX 75071-7649	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Randy T. Robertson
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick, Demko Contributor address; City; State; Zip Code Cypress, TX 77429-7617	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Founding Principal of the Guardian Group		Employer (See Instructions) Greater Lonestar Guardian Agency
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick, Demko Contributor address; City; State; Zip Code Cypress, TX 77429-7617	Amount of Contribution (\$) \$744.00
Principal occupation / Job title (See Instructions) Founding Principal of the Guardian Group		Employer (See Instructions) Greater Lonestar Guardian Agency
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick, Demko Contributor address; City; State; Zip Code Cypress, TX 77429-7617	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Founding Principal of the Guardian Group		Employer (See Instructions) Greater Lonestar Guardian Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/30 Rpt: 29/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hopper <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75007-2422	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Financial Planner		9 Employer (See Instructions) National Life
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Johnston <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-2110	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Senior_Vice_President		Employer (See Instructions) NFP
Date 04/10/2025	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 04/10/2025	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 04/10/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/30 Rpt: 30/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney, Mogen 6 Contributor address; City; State; Zip Code Austin, TX 78732-2453	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) DI/Business Insurance Expert for Advisor's		9 Employer (See Instructions) Brokerage Director @ Mass Mutual & Solve Ur Puzzle
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando, Barrera 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
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronny, Bryant Contributor address; City; State; Zip Code Abilene, TX 79602-6105	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Perry Hunter Hall
Date 04/10/2025	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 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy, Salek Contributor address; City; State; Zip Code Houston, TX 77055-6701	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Director of Asset Management		Employer (See Instructions) Totus Wealth Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/30 Rpt: 31/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Ward <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-7347	7 Amount of Contribution (\$) \$3.40
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) The Ward Agency
Date 04/10/2025	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 (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) TL LITTLETON INS AGY
Date 04/10/2025	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 (\$) \$40.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) TL LITTLETON INS AGY
Date 04/10/2025	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 04/10/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/30 Rpt: 32/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	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 04/10/2025	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 04/10/2025	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 (\$) \$140.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) TL LITTLETON INS AGY
Date 04/10/2025	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 04/10/2025	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: 30/30 Rpt: 33/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	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 04/10/2025	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 04/10/2025	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 04/10/2025	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 04/10/2025	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: 1/4 Rpt: 34/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	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 04/10/2025	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code Elkhart, TX 75839-5116	Amount of contribution (\$) \$6.80
Date 04/10/2025	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code Decatur, TX 76234-1373	Amount of contribution (\$) \$16.80
Date 04/10/2025	Corporation / Labor Organization name Dee <hr/> Corporation / Labor Organization address; City; State; Zip Code Midland, TX 79701-5515	Amount of contribution (\$) \$80.00
Date 04/10/2025	Corporation / Labor Organization name Dereck <hr/> Corporation / Labor Organization address; City; State; Zip Code Shallowater, TX 79363-5136	Amount of contribution (\$) \$10.00
Date 04/10/2025	Corporation / Labor Organization name Don <hr/> Corporation / Labor Organization address; City; State; Zip Code Denton, TX 76205-8008	Amount of contribution (\$) \$6.80
Date 04/10/2025	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code Plano, TX 75075-7729	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: 2/4 Rpt: 35/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Corporation / Labor Organization name Frank 6 Corporation / Labor Organization address; City; State; Zip Code Tomball, TX 77377-8649	7 Amount of contribution (\$) \$4.00
Date 04/10/2025	Corporation / Labor Organization name Hollie Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79106-4633	Amount of contribution (\$) \$100.00
Date 04/10/2025	Corporation / Labor Organization name Jason Corporation / Labor Organization address; City; State; Zip Code Floresville, TX 78114-0576	Amount of contribution (\$) \$84.00
Date 04/10/2025	Corporation / Labor Organization name Jim Corporation / Labor Organization address; City; State; Zip Code Eastland, TX 76448-0895	Amount of contribution (\$) \$6.80
Date 04/10/2025	Corporation / Labor Organization name Joe Corporation / Labor Organization address; City; State; Zip Code Fort Worth, TX 76116-1620	Amount of contribution (\$) \$3.40
Date 04/10/2025	Corporation / Labor Organization name Joey Corporation / Labor Organization address; City; State; Zip Code Bellville, TX 77418-3822	Amount of contribution (\$) \$100.00
Date 04/10/2025	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: 3/4 Rpt: 36/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Corporation / Labor Organization name John <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	7 Amount of contribution (\$) \$40.00
Date 04/10/2025	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	Amount of contribution (\$) \$100.00
Date 04/10/2025	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 04/10/2025	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 04/10/2025	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 04/10/2025	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code HEATH, TX 75032-5998	Amount of contribution (\$) \$6.80
Date 04/10/2025	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: 4/4 Rpt: 37/38
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 04/10/2025	5 Corporation / Labor Organization name Raymond	7 Amount of contribution (\$) \$8.00
	6 Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	
Date 04/10/2025	Corporation / Labor Organization name Raymond	Amount of contribution (\$) \$40.00
	Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	
Date 04/10/2025	Corporation / Labor Organization name Thomas	Amount of contribution (\$) \$80.00
	Corporation / Labor Organization address; City; State; Zip Code El Paso, TX 79902-1714	
Date 04/10/2025	Corporation / Labor Organization name Vincente	Amount of contribution (\$) \$10.00
	Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79118-9390	

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 04/01/2025	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