

# 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: 10	
3 COMMITTEE NAME RVOS Farm Mutual Insurance Group Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/02/2025 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 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 checked="" 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 05/26/2025    06/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> RVOS Farm Mutual Insurance Group Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00069829
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 202.24
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 7,105.47
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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**  
3 of 10

<b>17 COMMITTEE NAME</b> RVOS Farm Mutual Insurance Group Political Action Committee		<b>18 Filer ID</b> 00069829	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	202.24
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	\$	62.84
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/10
<b>2</b> FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069829
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNETT, GREGORY <hr/> <b>6</b> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) IT MANAGER		<b>9</b> Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNETT, GREGORY <hr/> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) IT MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$2.50
Principal occupation / Job title (See Instructions) UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$2.50
Principal occupation / Job title (See Instructions) UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$5.00
Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/10
<b>2</b> FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069829
<b>4</b> Date 06/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREENMAN, CHERIME <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDDY, TX 76524	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		<b>9</b> Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$5.00
Principal occupation / Job title (See Instructions) STAFF CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$5.00
Principal occupation / Job title (See Instructions) STAFF CLAIMS ADJUSTER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, WESLEY <hr/> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	Amount of Contribution (\$)  \$9.62
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/10
<b>2</b> FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069829
<b>4</b> Date 06/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, WESLEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	<b>7</b> Amount of Contribution (\$)  \$9.62
<b>8</b> Principal occupation / Job title (See Instructions) VICE PRESIDENT		<b>9</b> Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$2.00
Principal occupation / Job title (See Instructions) CUSTOMER RELATIONS SPECIALIST		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$2.00
Principal occupation / Job title (See Instructions) CUSTOMER RELATIONS SPECIALIST		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$5.00
Principal occupation / Job title (See Instructions) CLAIMS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$5.00
Principal occupation / Job title (See Instructions) CLAIMS MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/10
<b>2</b> FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069829
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINN, BARBARA <hr/> <b>6</b> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) CONTROLLER		<b>9</b> Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$10.00
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$2.00
Principal occupation / Job title (See Instructions) UNDERWRITER-AUTO		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$2.00
Principal occupation / Job title (See Instructions) UNDERWRITER-AUTO		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOCKLEY, WILEY <hr/> Contributor address; City; State; Zip Code  BELTON, TX 76513	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/10
<b>2</b> FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069829
<b>4</b> Date 06/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOCKLEY, WILEY <hr/> <b>6</b> Contributor address; City; State; Zip Code  BELTON, TX 76513	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) PRESIDENT		<b>9</b> Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$10.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT OPERATIONS		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$10.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT OPERATIONS		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	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 (\$)  \$3.00
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASST.-MGA		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$3.00
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASST.-MGA		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/10
<b>2</b> FILER NAME RVOS Farm Mutual Insurance Group Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00069829
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoma, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76904	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) RVOS
Date 06/03/2025	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 (\$)  \$10.00
Principal occupation / Job title (See Instructions) QA/SUPPORT MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	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 (\$)  \$10.00
Principal occupation / Job title (See Instructions) QA/SUPPORT MANAGER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, ANNEKA <hr/> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) HOMEOWNER UNDERWRITER		Employer (See Instructions) RVOS FARM MUTUAL INSURANCE COMPANY
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, ANNEKA <hr/> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) HOMEOWNER UNDERWRITER		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:	2 FILER NAME RVOS Farm Mutual Insurance Group Political Action	3 Filer ID (Ethics Commission Filers) 00069829
4 Date 06/11/2025	5 Payee name Wells Fargo Bank N.A.	
6 Amount (\$)  62.84 <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