FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00042577 3 COMMITTEE NAME **OFFICE USE ONLY** National Association of Benefit and Insurance Professionals - Texas PAC Date Received **ELECTRONICALLY FILED** 07/09/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 312 North Avenue East, Suite 5 Date Hand-delivered or Date Postmarked Cranford, NJ 07016 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Carla NAME NICKNAME LAST **SUFFIX** Adams STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 101 W. Shepherd Ave. STREET **ADDRESS** Apt. 501 (Residence or Business) Lufkin, TX 75904 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 101 W. Shepherd Ave. MAILING **ADDRESS** Apt. 501 Lufkin, TX 75904 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 710-1280 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

		Т		
2 COMMITTEE NAME	of Donath and Live		13 Filer ID	(Ethics Commission Filers)
		Professionals - Texas PAC	00042577	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVIT	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain		D. Opposed		
paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location			
	of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if			
	applicable, classify by party.)			
5 CONTRIBUTION TOTALS		O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
TOTALO	CONTRIBUTIONS N	IADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,706.68
EVDENDITUDE	·`	<u>, </u>		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4 TOTAL POLITICA	LEVENDITUES		
	4. TOTAL POLITICA	LEXPENDITURES	\$	0.00
	- FOTAL BOLITICAL	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY	
CONTRIBUTION BALANCE	OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	\$	67,276.36
OUTSTANDING	6 TOTAL DRINGIDAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF T		
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	\$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		u.us 25, 2.00.01. 0000.		
			Adams	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ad hafara ma hy tha said	, th	hic tho	day
		which, witness my hand and seal of office.	113 UIC	uay
J	, 20, to certify (, wareso my nara and sear of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	er administering oath
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 14:

					3 01 142
17 CO	MMITTI	EE NAME	18 Filer ID	(Ethics Comr	nission Filers)
Na	tional <i>A</i>	Association of Benefit and Insurance Professionals - Texas PAC	00042577		
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,706.68
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABORGANIZATION	OR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	SANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	₹	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	0.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,366.98
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	500.00

	MONEI	ARY POLITICAL C		SCHEDULI	A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/129 Rpt: 4/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 01/01/2025	5 Full name of contributor Abbe, Jeanette6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Temple, TX 76502					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Employee Be	enefits Consultant		Texas Benefit Alliance			
	Date 02/01/2025	Full name of contributor Abbe, Jeanette Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Temple, TX 76502			Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Texas Benefit Alliance	5)		
	Employee Benefits Consultant Date Full name of contributor out-of-state PAC (ID#:		Texas Benefit Alliance	_			
)		Amount of Contribution (\$)	\$25.00	
		Temple, TX 76502					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Employee Be	enefits Consultant		Texas Benefit Alliance			
			out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Employee Be	enefits Consultant		Texas Benefit Alliance			
	Date 05/01/2025	Full name of contributor Abbe, Jeanette Contributor address; City; St Temple, TX 76502	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Employee Be	enefits Consultant		Texas Benefit Alliance			

	MONEI	ARY POLITICAL (SCHEDULI	■ A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/129 Rpt: 5/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 06/01/2025	5 Full name of contributor Abbe, Jeanette6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00
8		Temple, TX 76502 pation / Job title (See Instructions enefits Consultant	s)	Employer (See Instructions Texas Benefit Alliance	<u> </u> s)		
	Date 01/22/2025	Full name of contributor Adams, Carla Contributor address; City; S Schertz, TX 78154	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions	5)		
	Date 02/22/2025	Full name of contributor Adams, Carla Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	•	Amount of Contribution (\$)	\$12.50
		Schertz, TX 78154 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> S)		
03/22/2025 Adams, Ca		Full name of contributor Adams, Carla Contributor address; City; S Schertz, TX 78154	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> S)		
	Date 04/22/2025	Full name of contributor Adams, Carla Contributor address; City; S Schertz, TX 78154	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions TASC	<u>.</u> S)		

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 3/129 Rpt: 6/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/22/2025	5 Full name of contributor Adams, Carla6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Schertz, TX 78154		0	Employer (See Instructions	·/		
0	Insurance Aç	pation / Job title (See Instructions gent)	9	Employer (See Instructions TASC	·)		
	Date 06/22/2025	Full name of contributor Adams, Carla Contributor address; City; St)		Amount of Contribution (\$)	\$12.50
	Deinainal assu	Schertz, TX 78154			Franks on (Cooks to the street one	<u></u>		
		Employer (See Instructions TASC	5)					
	Date 01/20/2025	Full name of contributor Ahlquist, Neldia Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Lake Jackson, TX 77566						
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
Date Full name of contributor out-of-state PAC (II 02/20/2025 Ahlquist, Neldia)		Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 03/20/2025	Full name of contributor Ahlquist, Neldia Contributor address; City; St Lake Jackson, TX 77566	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONEI	ARY POLITICAL CONTRI		SCHEDULE A1			
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 4/129 Rpt: 7/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Profess	ionals - Texa	s PAC		00042577	
4	Date 04/20/2025	Ahlquist, Neldia	te PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions)	l g	Employer (See Instructions	.)		
•	Insurance		ľ	Self	,		
	Date 05/20/2025	Full name of contributor out-of-state Ahlquist, Neldia Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Lake Jackson, TX 77566					
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/20/2025	Full name of contributor out-of-state Ahlquist, Neldia Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Lake Jackson, TX 77566					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Insurance			Self			
Date 01/07/2025		Full name of contributor out-of-state Antongiovanni, Joanna Contributor address; City; State; Zip Code San Antonio, TX 78279	te PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç			Wortham Insurance			
	Date 02/07/2025	Full name of contributor out-of-state Antongiovanni, Joanna Contributor address; City; State; Zip Code San Antonio, TX 78279	te PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance A			Wortham Insurance	,		

	MONET	ARY POLITICAL C		SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/129 Rpt: 8/142	
2	FILER NAME National Ass	ociation of Benefit and Insural	nce Professionals - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 03/07/2025	5 Full name of contributor Antongiovanni, Joanna6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$12.50
8	Principal occur	San Antonio, TX 78279 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	z)		
•	Insurance Aç	`)	Wortham Insurance	»)		
	Date 04/07/2025	Full name of contributor Antongiovanni, Joanna Contributor address; City; St)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	San Antonio, TX 78279 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Agent		Wortham Insurance				
	Date 05/07/2025	Full name of contributor Antongiovanni, Joanna Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78279					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions Wortham Insurance	s)		
Date Full name of contributor out-of-state PAC (ID 06/07/2025 Antongiovanni, Joanna)	•	Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions Wortham Insurance	5)		
	Date 01/20/2025	Full name of contributor Barrera, Rolando Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	5)		

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/129 Rpt: 9/142		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	National Ass	ociation of Benefit and Insuran	ce Professionals - Texa	as PAC		00042577		
4	Date 02/20/2025	 5 Full name of contributor Barrera, Rolando 6 Contributor address; City; Stat 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00	
		Corpus Christi, TX 78413						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Insurance A	gent		Self				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	03/20/2025	Barrera, Rolando					\$125.00	
		Contributor address; City; Stat	te; Zip Code					
		Corpus Christi, TX 78413						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Insurance A			Self	•			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)		
	04/20/2025	Barrera, Rolando	_				\$125.00	
		Contributor address; City; Stat	te; Zip Code					
		Corpus Christi TV 70412						
	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)		Employer (See Instructions	:) 			
	Insurance A			Self	,,			
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)		
	05/20/2025	Barrera, Rolando	out of state 1 740 (ID#)		randant or contribution (¢)	\$125.00	
		Contributor address; City; Stat	te; Zip Code					
		, ,,	•					
		Corpus Christi, TX 78413						
		pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Insurance A			Self	_			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ф10F 00	
	06/20/2025	Barrera, Rolando					\$125.00	
		Contributor address; City; Stat	te; Zip Code					
		Corpus Christi, TX 78413						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Insurance A	gent		Self				

	MONEI	ARY POLITICAL (SCHEDULI	E A1		
	The Instru	ction Guide explains how	to complete this for	orm.	1	Total pages Schedule A1: Sch: 7/129 Rpt: 10/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 01/20/2025	5 Full name of contributor Bellman, Mark6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Insurance Aç	Dallas, TX 75240 pation / Job title (See Instructions)	Employer (See Instructions UHC	<u> </u> s)		
	Date 02/20/2025	Full name of contributor Bellman, Mark Contributor address; City; St Dallas, TX 75240	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions UHC	5)		
	Date 03/20/2025	Full name of contributor Bellman, Mark Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Princinal occu	Dallas, TX 75240 pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Insurance Aç	,	,	UHC	-) 		
	Date 04/20/2025	Full name of contributor Bellman, Mark Contributor address; City; St Dallas, TX 75240	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)	Employer (See Instructions UHC	<u>I</u> S)		
	Date 05/20/2025	Full name of contributor Bellman, Mark Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions UHC	5)		

	MONEI	ARY POLITICAL C		SCHEDULI	CHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/129 Rpt: 11/142	
2	FILER NAME National Ass	ociation of Benefit and Insurar	ce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 06/20/2025	Full name of contributor Bellman, Mark Contributor address; City; Sta	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Insurance Aç			Employer (See Instructions UHC	j ;)		
	Date 01/23/2025	Full name of contributor Bentley, Beau Contributor address; City; Sta Bullard, TX 75789	out-of-state PAC (ID#:_ tte; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	nation / Job title (See Instructions) gent		Employer (See Instructions CEBPET	<u> </u> 5)		
	Date 02/23/2025	Full name of contributor Bentley, Beau Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code			Amount of Contribution (\$)	\$12.50
		Bullard, TX 75789 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Insurance Aç	gent Full name of contributor	out-of-state PAC (ID#:	CEBPET		Amount of Contribution (\$)	
	03/23/2025	Bentley, Beau Contributor address; City; Sta Bullard, TX 75789				(*)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions CEBPET	5)		
	Date 04/23/2025	Full name of contributor Bentley, Beau Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions CEBPET	5)		

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 9/129 Rpt: 12/142		
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)	
4	Date 05/23/2025	5 Full name of contributor Bentley, Beau6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$12.50	
8	Principal occu	Bullard, TX 75789 pation / Job title (See Instructions) [9	9	Employer (See Instructions	<u> </u> s)			
	Insurance Ag	gent			CEBPET				
	Date 06/23/2025	Full name of contributor Bentley, Beau Contributor address; City; St)		Amount of Contribution (\$)	\$12.50	
	Dringinal occur	Bullard, TX 75789 pation / Job title (See Instructions	,		Employer (See Instructions	<u>'</u>			
	Insurance Aç		,		CEBPET)			
	Date 01/17/2025	Full name of contributor Bentley, Eugene Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
		Bullard, TX 75757							
	Principal occu Broker/Presid	pation / Job title (See Instructions)		Employer (See Instructions Customized Employee I		nefit Plans		
	Date 02/17/2025	Full name of contributor Bentley, Eugene Contributor address; City; St Bullard, TX 75757)		Amount of Contribution (\$)	\$50.00	
	Principal occu Broker/Presid	pation / Job title (See Instructions)		Employer (See Instructions Customized Employee I		nefit Plans		
	Date 03/17/2025	Full name of contributor Bentley, Eugene Contributor address; City; St Bullard, TX 75757					Amount of Contribution (\$)	\$50.00	
		pation / Job title (See Instructions)		Employer (See Instructions		acfit Dlana		
	Broker/President	aent			Customized Employee I	ser	ieiii Pians		

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/129 Rpt: 13/142	
2	FILER NAME	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3 Filer ID (Ethics Commission 00042577	Filers)
4		5 Full name of contributor Bentley, Eugene6 Contributor address; City; St	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	\$50.00
•	Principal occu	Bullard, TX 75757 pation / Job title (See Instructions		9 Employer (See Instructions		
o	Broker/Presi)	Customized Employee		
	Date 05/17/2025	Full name of contributor Bentley, Eugene Contributor address; City; Si	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$50.00
	Dringing conu	Bullard, TX 75757		Employer (See Instructions		
	Broker/Presi	pation / Job title (See Instructions dent)	Customized Employee		
	Date 06/17/2025	Full name of contributor Bentley, Eugene Contributor address; City; Si	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$50.00
	5	Bullard, TX 75757	, I			
	Broker/Presi	pation / Job title (See Instructions dent	5)	Employer (See Instructions Customized Employee	•	
	Date 01/18/2025	Full name of contributor Blair, Mary Ann Contributor address; City; Si Tyler, TX 75703-3001	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Hilliard Box Insurance	5)	
	Date 02/18/2025	Full name of contributor Blair, Mary Ann Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Hilliard Box Insurance	; s)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/129 Rpt: 14/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 03/18/2025	5 Full name of contributor Blair, Mary Ann6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00
		Tyler, TX 75703-3001					
8	Principal occu Insurance Aç	pation / Job title (See Instructions	s)	9 Employer (See Instructions Hilliard Box Insurance	<u>I</u> 5)		
	Date 04/18/2025	Full name of contributor Blair, Mary Ann Contributor address; City; S Tyler, TX 75703-3001	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Insurance Aç	gent		Hilliard Box Insurance			
	Date 05/18/2025	Full name of contributor Blair, Mary Ann Contributor address; City; S	out-of-state PAC (ID#:_ cate; Zip Code			Amount of Contribution (\$)	\$25.00
		Tyler, TX 75703-3001					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Hilliard Box Insurance	5)		
	Date 06/18/2025	Full name of contributor Blair, Mary Ann Contributor address; City; S Tyler, TX 75703-3001	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Hilliard Box Insurance	5)		
	Date 01/20/2025	Full name of contributor Blankenship, Dirk Contributor address; City; S Huffman, TX 77336	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Chambers Marketing Co		epts	

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 12/129 Rpt: 15/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance	Professionals - Texas	S PAC		00042577	
4	Date 02/20/2025	Blankenship, Dirk	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		Huffman, TX 77336					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Insurance A	gent		Chambers Marketing Co	onc	epts	
	Date 03/20/2025	Full name of contributor Blankenship, Dirk Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Huffman, TX 77336					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Chambers Marketing Co	onc	epts	
	Date 04/20/2025	Full name of contributor Blankenship, Dirk Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$12.50
		Huffman, TX 77336					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç			Chambers Marketing Co		epts	
	Date 05/20/2025	Full name of contributor Blankenship, Dirk Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$12.50
		Huffman, TX 77336					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Chambers Marketing Co		epts	
	Date 06/20/2025	Blankenship, Dirk	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Contributor address; City; State; Huffman, TX 77336	Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Chambers Marketing Co	onc	epts	
			ı				

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 13/129 Rpt: 16/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (ID#:_Block, Howard Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77080 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Agent			Self			
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID#:_ Block, Howard Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
		Houston, TX 77080					
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 03/17/2025	Full name of contributor				Amount of Contribution (\$)	\$25.00
		Houston, TX 77080					
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/17/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Agent	Houston, TX 77080 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 05/17/2025	Full name of contributor out-of-state PAC (ID#:_ Block, Howard Contributor address; City; State; Zip Code	<u> </u>)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77080	_				
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 14/129 Rpt: 17/142	
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 06/17/2025	5 Full name of contributor Block, Howard6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77080 pation / Job title (See Instructions)	اه	Employer (See Instructions	<u> </u>		
0	Agent	pation / 300 title (See instructions)	9	Self	>)		
	Date 01/20/2025	Full name of contributor Bolden, Michael Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
		Odessa, TX 79761					
	Principal occu Insurance A	pation / Job title (See Instructions) gent		Employer (See Instructions ALG Avery & Associate			
	Date 02/20/2025	Full name of contributor Bolden, Michael Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Odessa, TX 79761					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions ALG Avery & Associate	•		
	Date 03/20/2025	Full name of contributor Bolden, Michael Contributor address; City; Sta Odessa, TX 79761	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Ag	pation / Job title (See Instructions)		Employer (See Instructions ALG Avery & Associate			
	Date 04/20/2025	Full name of contributor Bolden, Michael Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions ALG Avery & Associate			
	moditatioe A(g		Two y & Associate			

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/129 Rpt: 18/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	L	00042577	
4	Date 05/20/2025	5 Full name of contributor Bolden, Michael6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
		Odessa, TX 79761					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Insurance Aç	gent		ALG Avery & Associate	S		
	Date 06/20/2025	Full name of contributor Bolden, Michael Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Odessa, TX 79761			Ĺ		
		pation / Job title (See Instructions	s) 	Employer (See Instructions			
	Insurance Agent		ALG Avery & Associate	s 			
	Date 01/19/2025	Full name of contributor Bonczek, Christie Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$13.75
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Insurance Aç	gent		Self			
	Date 02/19/2025	Full name of contributor Bonczek, Christie Contributor address; City; S Houston, TX 77027	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$13.75
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Self	5)		
	Date 03/19/2025	Full name of contributor Bonczek, Christie Contributor address; City; S Houston, TX 77027	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$13.75
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 16/129 Rpt: 19/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance	Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/19/2025	5 Full name of contributor Bonczek, Christie6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$13.75
8	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	9	Employer (See Instructions) 5)		
	Insurance Aç	gent		Self			
	Date 05/19/2025	Bonczek, Christie Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.75
		Houston, TX 77027			<u> </u>		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent 		Self			
	Date 06/19/2025	Full name of contributor Bonczek, Christie Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$13.75
		Houston, TX 77027					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 01/23/2025	Full name of contributor Booth, Tonya Contributor address; City; State; Coppell, TX 75019	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Upshaw Insurance	<u> </u> ;)		
	Date 02/23/2025		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Upshaw Insurance			
							

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 17/129 Rpt: 20/142	
2	FILER NAME	ociation of Benefit and Insurance	Drofessionals - Texa	as DAC	3	Filer ID (Ethics Commission 00042577	Filers)
_		_			L		
4	Date 03/23/2025	5 Full name of contributor Booth, Tonya6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Coppell, TX 75019					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Insurance Aç	gent		Upshaw Insurance			
	Date 04/23/2025	Full name of contributor Booth, Tonya Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
		Coppell, TX 75019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Upshaw Insurance			
	Date 05/23/2025	Full name of contributor Booth, Tonya Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
		Coppell, TX 75019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	,		Upshaw Insurance	,		
	Date 06/23/2025		out-of-state PAC (ID#:	· 		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Upshaw Insurance			
	Date 01/20/2025	Full name of contributor Buffum, Ronald Contributor address; City; State; Round Rock, TX 78665	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance	,		The Buffum Group			
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	۸C	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 18/129 Rpt: 21/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - T	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2025	 Full name of contributor out-of-state PAC (ID#: Buffum, Ronald Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	Ια	Employer (See Instructions	;) 		
•	Insurance	pation 7 300 title (See instructions)	9	The Buffum Group	•)		
	Date 03/20/2025	Full name of contributor			•	Amount of Contribution (\$)	\$25.00
	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	1	Employer (See Instructions	-, 		
	Insurance	pation 7 300 title (See Instructions)		The Buffum Group	·)		
	Date 01/15/2025	Full name of contributor)	•	Amount of Contribution (\$)	\$12.50
		Austin, TX 78750					
	Principal occu Insurance Sa	pation / Job title (See Instructions)		Employer (See Instructions UHC	5)		
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#: Burgess, Robbi Contributor address; City; State; Zip Code Austin, TX 78750)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions UHC	5)		
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#: Burgess, Robbi Contributor address; City; State; Zip Code Austin, TX 78750			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions UHC	5)		
			-				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N :	S 		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 19/129 Rpt: 22/142	
2	FILER NAME National Ass	sociation of Benefit and Insura	nce Professionals - Tex	as	PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/15/2025	5 Full name of contributor Burgess, Robbi6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
_		Austin, TX 78750						
8	Principal occu Insurance Sa	pation / Job title (See Instructions ales	S) S		Employer (See Instructions UHC	5)		
	Date 05/15/2025	Full name of contributor Burgess, Robbi Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	Insurance Sa	ales			UHC			
	Date 06/15/2025	Full name of contributor Burgess, Robbi Contributor address; City; St)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78750						
	Principal occu Insurance Sa	pation / Job title (See Instructions ales)		Employer (See Instructions UHC	5)		
	Date 01/20/2025	Full name of contributor Burkholder, Karen Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
	Date 02/20/2025	Full name of contributor Burkholder, Karen Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
			1					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains hov	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 20/129 Rpt: 23/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/20/2025	5 Full name of contributor Burkholder, Karen6 Contributor address; City; S	out-of-state PAC (ID#:_tate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Richardson, TX 75082 pation / Job title (See Instructions	<u> </u>	a	Employer (See Instructions	-/- 		
0	Insurance A		5)	9	Self	·)		
	Date 04/20/2025	Full name of contributor Burkholder, Karen Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
	Principal occu	Richardson, TX 75083 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Insurance Aç		,		Self	,		
	Date 05/20/2025	Full name of contributor Burkholder, Karen Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$12.50
		Richardson, TX 75084						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	s)		
	Date 06/20/2025	Full name of contributor Burkholder, Karen Contributor address; City; S Richardson, TX 75081)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	5)		
	Date 01/20/2025	Full name of contributor Butler, Allison Contributor address; City; S Amarillo, TX 79109	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 21/129 Rpt: 24/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals -	Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Amarillo, TX 79109 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>		
•	Insurance A			Self	-,		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID: Butler, Allison Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
	Dringing aggr	Amarillo, TX 79109	_	Employer (Coo Instruction	<u></u>		
	Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	o)		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID: Butler, Allison Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$12.50
		Amarillo, TX 79109					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	s)		
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID: Butler, Allison Contributor address; City; State; Zip Code Amarillo, TX 79109)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 06/20/2025	Full name of contributor out-of-state PAC (ID: Butler, Allison Contributor address; City; State; Zip Code Amarillo, TX 79109			•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	omplete this forr	m.	1	Total pages Schedule A1: Sch: 22/129 Rpt: 25/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance P	rofessionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2025	Byrd, Ronald 6 Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$13.00
8	Principal occu	Donna, TX 78537 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Marketing Di	rector		Kansas City Life			
	Date 02/20/2025	Full name of contributor on the syrd, Ronald Contributor address; City; State; Z)		Amount of Contribution (\$)	\$13.00
		Donna, TX 78537					
	Principal occur Marketing Di	pation / Job title (See Instructions)		Employer (See Instructions Kansas City Life	5)		
	Date Full name of contributor out-of-state PAC		ut of ctoto BAC (ID#:	Narious City Life	Г	Amount of Contribution (\$)	
	03/20/2025	Byrd, Ronald Contributor address; City; State; Z				• • • • • • • • • • • • • • • • • • • •	\$13.00
		Donna, TX 78537					
	Principal occu Marketing Di	pation / Job title (See Instructions) rector		Employer (See Instructions Kansas City Life	5)		
	Date 04/20/2025	Full name of contributor on the syrd, Ronald Contributor address; City; State; Zonana, TX 78537				Amount of Contribution (\$)	\$13.00
	Principal occu Marketing Di	pation / Job title (See Instructions)		Employer (See Instructions Kansas City Life	<u> </u> 5)		
	Date 05/20/2025	Full name of contributor on Byrd, Ronald Contributor address; City; State; Z Donna, TX 78537	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$13.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Marketing Di	rector		Kansas City Life			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 23/129 Rpt: 26/142	
2	FILER NAME			5.0	ı	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insurance		S PAC	_	00042577	
4	Date 06/20/2025	5 Full name of contributorByrd, Ronald6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$13.00
		Donna, TX 78537					
8	Principal occu Marketing Di	pation / Job title (See Instructions) rector	9	Employer (See Instructions Kansas City Life	5)		
	Date 01/20/2025	Full name of contributor Castillo, Iris Contributor address; City; State Mcallen, TX 78501	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Account Mar	nager		Higginbotham Ins Agend	cy, I	nc.	
	Date 02/20/2025	Full name of contributor Castillo, Iris Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
		Mcallen, TX 78501					
	Principal occu Account Mar	pation / Job title (See Instructions) nager		Employer (See Instructions Higginbotham Ins Agend	•	nc.	
	Date 03/20/2025	Full name of contributor Castillo, Iris Contributor address; City; State Mcallen, TX 78501	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Account Mar	pation / Job title (See Instructions) nager		Employer (See Instructions Higginbotham Ins Agend		nc.	
	Date 04/20/2025	Full name of contributor Castillo, Iris Contributor address; City; State Mcallen, TX 78501	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Account Mar	pation / Job title (See Instructions) nager		Employer (See Instructions Higginbotham Ins Agend		nc.	

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS	SCH	EDULE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1 Total pages Schedule Sch: 24/129 Rpt: 2	
2	FILER NAME	opiation of Danofit and Inquire	unas Drafassionals - To	vec DAC	3 Filer ID (Ethics Cor	nmission Filers)
		ociation of Benefit and Insura		XAS PAC	00042577	
4	Date 05/20/2025	5 Full name of contributor Castillo, Iris6 Contributor address; City; S	out-of-state PAC (ID#:_)	7 Amount of Contributio	on (\$) \$12.50
		Mcallen, TX 78501				
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	ns)	
	Account Mar	nager		Higginbotham Ins Agen	ncy, Inc.	
	Date 06/20/2025	Full name of contributor Castillo, Iris Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution	on (\$) \$12.50
	Delegalent	Mcallen, TX 78501		Faralassa (O. a. la atmostica a		
		pation / Job title (See Instruction	5)	Employer (See Instructions		
	Account Mar	iager		Higginbotham Ins Agen		
	Date 01/20/2025	Full name of contributor Christensen, Elizabeth Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		Amount of Contribution	on (\$) \$12.50
		Weatherford, TX 76087				
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	ns)	
	Insurance Aç	gent		United Senior Services	;	
	Date 02/20/2025	Full name of contributor Christensen, Elizabeth Contributor address; City; S Weatherford, TX 76087	out-of-state PAC (ID#:_)	Amount of Contribution	on (\$) \$12.50
	Principal occu Insurance Aç	pation / Job title (See Instruction: gent	s)	Employer (See Instructions United Senior Services		
	Date 03/20/2025	Full name of contributor Christensen, Elizabeth Contributor address; City; S Weatherford, TX 76087	out-of-state PAC (ID#:_)	Amount of Contribution	on (\$) \$12.50
	Principal occu	pation / Job title (See Instruction	6)	Employer (See Instructions	ns)	
	Insurance Aç	gent		United Senior Services	3	

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 25/129 Rpt: 28/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/20/2025	5 Full name of contributor Christensen, Elizabeth6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Weatherford, TX 76087 pation / Job title (See Instructions	\		Employer (See Instructions	·/		
0	Insurance A		,	,	United Senior Services	·)		
	Date 05/20/2025	Full name of contributor Christensen, Elizabeth Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Weatherford, TX 76087						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions United Senior Services	5)		
	Date 06/20/2025	Full name of contributor Christensen, Elizabeth Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Dringinal occu	Weatherford, TX 76087 Principal occupation / Job title (See Instructions) Employer (See Instructions)			·/			
	Insurance A		,		United Senior Services	·)		
Date Full name of contributor 01/20/2025 Clingan, Nedra)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions United Healthcare	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/20/2025 Clingan, Nedra Contributor address; City; State; Zip Code Helotes, TX 78024			Amount of Contribution (\$)	\$12.50			
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions United Healthcare	5)		
	msulance A(yoni.			Critica i icalulcale			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 26/129 Rpt: 29/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance	Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/20/2025	Clingan, Nedra	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Helotes, TX 78024 pation / Job title (See Instructions)	la la	Employer (See Instructions			
•	Insurance A		l ³	United Healthcare	,		
	Date 04/20/2025	Full name of contributor				Amount of Contribution (\$)	\$12.50
		Helotes, TX 78024	<u> </u>				
	Principal occur Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Healthcare)		
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID#:) Clingan, Nedra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50	
		Helotes, TX 78024					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Healthcare)		
	Date 06/20/2025	Full name of contributor Clingan, Nedra Contributor address; City; State; 2 Helotes, TX 78024				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Healthcare)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/20/2025 Cochran, Stacy Contributor address; City; State; Zip Code Roanoke, TX 76262			Amount of Contribution (\$)	\$37.50		
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock)		
			,				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 27/129 Rpt: 30/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance	e Professionals - Texas	S PAC	3	Filer ID (Ethics Commission 00042577	on Filers)
4	Date 01/24/2025	5 Full name of contributor Cochran, Stacy6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
Ŭ	Insurance A		ľ	Caprock	,		
	Date 02/20/2025	Full name of contributor Cochran, Stacy Contributor address; City; State;)		Amount of Contribution (\$)	\$37.50
	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance Aç			Caprock	•		
	Date 03/20/2025				Amount of Contribution (\$)	\$37.50	
		Roanoke, TX 76262					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock)		
	Date 04/20/2025	Full name of contributor Cochran, Stacy Contributor address; City; State; Roanoke, TX 76262				Amount of Contribution (\$)	\$37.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/20/2025 Cochran, Stacy Contributor address; City; State; Zip Code Roanoke, TX 76262			Amount of Contribution (\$)	\$37.50		
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Caprock)		
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE	A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 28/129 Rpt: 31/142			
2	FILER NAME		5 () 1 -	5.10	3 Filer ID (Ethics Commission F	ilers)		
		ociation of Benefit and Insurar			00042577			
4	Date 06/20/2025	5 Full name of contributorCochran, Stacy6 Contributor address; City; States	out-of-state PAC (ID#: ate; Zip Code)	7 Amount of Contribution (\$)	\$37.50		
		Roanoke, TX 76262						
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent).	9 Employer (See Instructions Caprock	5)			
	Date 01/10/2025	Full name of contributor Coles, Andrea Contributor address; City; Sta	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$12.86		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Insurance Aç	gent		Senior Health Professio	nals			
	Date 02/10/2025	Full name of contributor Coles, Andrea Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)	Amount of Contribution (\$)	\$12.86		
		Austin, TX 78717						
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Senior Health Professio				
	Date 03/10/2025	Full name of contributor Coles, Andrea Contributor address; City; Sta	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$12.86		
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Senior Health Professio				
	Date 04/10/2025	Full name of contributor Coles, Andrea Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$12.86		
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Senior Health Professio				

	MONEI	ARY POLITICAL CONT	RIBUTION	IS	SCHEDULE A	A1
	The Instru	ction Guide explains how to con	nplete this for	m.	1 Total pages Schedule A1: Sch: 29/129 Rpt: 32/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Prof	essionals - Texa	s PAC	3 Filer ID (Ethics Commission Fil 00042577	lers)
4	Date 05/10/2025	Coles, Andrea 6 Contributor address; City; State; Zip C	f-state PAC (ID#: Code)	7 Amount of Contribution (\$)	\$12.86
8	·	Austin, TX 78717 pation / Job title (See Instructions)	9	Employer (See Instructions		
	Date 06/10/2025		f-state PAC (ID#:	Senior Health Profession	Amount of Contribution (\$)	\$12.86
	Principal occupation / Job title (See Instructions) Insurance Agent			Employer (See Instructions Senior Health Profession		
	Date 01/20/2025	Cook, David Contributor address; City; State; Zip C	f-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 02/20/2025		f-state PAC (ID#:	Financial Partners	Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners)	
	Date 03/20/2025	Full name of contributor out-of Cook, David Contributor address; City; State; Zip C	f-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners)	

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 30/129 Rpt: 33/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals	- Texa	as PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 04/20/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Wichita Falls, TX 76310 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Insurance Ag			Financial Partners	,		
	Date 05/20/2025	Full name of contributor out-of-state PAC (I Cook, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringing occur	Wichita Falls, TX 76310		Employer (See Instructions	<u>, </u>		
	Insurance Ag	pation / Job title (See Instructions) gent		Financial Partners	>)		
	Date 06/20/2025	Full name of contributor out-of-state PAC (I Cook, David Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$25.00
		Wichita Falls, TX 76310					
	Principal occup	pation / Job title (See Instructions) gent		Employer (See Instructions Financial Partners	s)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (I Cottar, Tom Contributor address; City; State; Zip Code Baytown, TX 77521				Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions United Major Medical	5)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (I Cottar, Tom Contributor address; City; State; Zip Code Baytown, TX 77521				Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions United Major Medical	s)		
	insurance Se			Critica major medical			

	MONET	ARY POLITICAL CONTRIBUT	OI	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 31/129 Rpt: 34/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals -	Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/20/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
	Dringing aggr	Baytown, TX 77521	10	Employer (See Instruction	<u>,,</u>		
8	Insurance Sa	pation / Job title (See Instructions) ales	9	Employer (See Instructions United Major Medical	5)		
	Date 04/20/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	_	Employer (See Instructions	<u> </u>		
	Insurance Sa	`		United Major Medical	,		
	Date Full name of contributor out-of-state PAC (ID#: 05/20/2025 Cottar, Tom Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
		Baytown, TX 77521					
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions United Major Medical	5)		
Date Full name of contributor out-of-state PAC (ID 06/20/2025 Cottar, Tom)		Amount of Contribution (\$)	\$25.00	
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions United Major Medical	5)		
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance Sa	pation / Job title (See Instructions)		Employer (See Instructions Reliable Retire Ins	5)		

	MONET	ARY POLITICAL (CONTRIBUTION	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 32/129 Rpt: 35/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Texa	as	S PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2025	5 Full name of contributorDe Guzman, Michelle6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
_	Deinsinal assu	Bulverde, TX 78163			Francis vou (Coo la otre etiono	<u></u>		
8	Insurance Sa	pation / Job title (See Instructions ales	9		Employer (See Instructions Reliable Retire Ins	5)		
	Date 03/20/2025	Full name of contributor De Guzman, Michelle Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
	Delicalization	Bulverde, TX 78163			Faralas a (Caralas trasticas			
	Insurance Sa	pation / Job title (See Instructions ales	5)		Employer (See Instructions Reliable Retire Ins	5)		
	Date 04/20/2025	Full name of contributor De Guzman, Michelle Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Bulverde, TX 78163						
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	5)		Employer (See Instructions Reliable Retire Ins	5)		
05/20/2025 De Guzman, Michelle		out-of-state PAC (ID#: tate; Zip Code)	•	Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	5)		Employer (See Instructions Reliable Retire Ins	5)		
	Date 06/20/2025	Full name of contributor De Guzman, Michelle Contributor address; City; S Bulverde, TX 78163	out-of-state PAC (ID#:	••••)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions	5)		Employer (See Instructions Reliable Retire Ins	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 33/129 Rpt: 36/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2025	5 Full name of contributorDeLeon, Rachelle6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$25.00
_	Deignaignal	Eagles Pass, TX 78852	\ \	_	Franks on (Coo lacturation			
8	Insurance Sa	pation / Job title (See Instructions ales	5)	9	Employer (See Instructions Self	5)		
	Date 02/20/2025	Full name of contributor DeLeon, Rachelle Contributor address; City; Si)		Amount of Contribution (\$)	\$25.00
	Eagles Pass, TX 78852 Principal occupation / Job title (See Instructions)				Employer (Co.) Instructions	<u></u>		
	Insurance Sa)		Employer (See Instructions Self	s)		
	Date 03/20/2025	Full name of contributor DeLeon, Rachelle Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Eagles Pass, TX 78852						
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	5)		Employer (See Instructions Self	5)		
	Date O4/20/2025 Full name of contributor DeLeon, Rachelle Contributor address; City; State; Zip Code Eagles Pass, TX 78852)	•	Amount of Contribution (\$)	\$25.00	
	Principal occu Insurance Sa	pation / Job title (See Instructions ales)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/16/2025 Delucia, Tiffany Contributor address; City; State; Zip Code Corpus Christi, TX 78463		•	Amount of Contribution (\$)	\$20.00			
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Keetch & Associates	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 34/129 Rpt: 37/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/16/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Dringing Lagor	Corpus Christi, TX 78463	_	Franks var (Caa Instructions	<u></u>		
8	Broker	pation / Job title (See Instructions)	9	Employer (See Instructions Keetch & Associates	5)		
	Date 03/16/2025	Full name of contributor out-of-state PAC (ID#:_ Delucia, Tiffany Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Corpus Christi, TX 78463			<u> </u>		
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Keetch & Associates	5)		
	Date 04/16/2025	Full name of contributor out-of-state PAC (ID#:_ Delucia, Tiffany Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Corpus Christi, TX 78463					
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Keetch & Associates	5)		
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID#:_ Delucia, Tiffany Contributor address; City; State; Zip Code Corpus Christi, TX 78463)		Amount of Contribution (\$)	\$20.00
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Keetch & Associates	5)		
	Date 06/16/2025	Full name of contributor out-of-state PAC (ID#:_ Delucia, Tiffany Contributor address; City; State; Zip Code Corpus Christi, TX 78463				Amount of Contribution (\$)	\$20.00
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Keetch & Associates	5)		

	MONET	ARY POLITICAL CONTRIBUT	TION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 35/129 Rpt: 38/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals	- Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/01/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628					
8	Principal occu Broker	pation / Job title (See Instructions)	9	Employer (See Instructions AJ Benefit Advisors	5)		
	Date 02/01/2025	Full name of contributor out-of-state PAC (I Dettman, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringing aggr	Georgetown, TX 78628		Employer (See Instructions	<u></u>		
	Broker	pation / Job title (See Instructions)		Employer (See Instructions AJ Benefit Advisors	5)		
	Date 03/01/2025	Full name of contributor out-of-state PAC (I Dettman, James Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628					
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions AJ Benefit Advisors	5)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (I Dettman, James Contributor address; City; State; Zip Code Georgetown, TX 78628)		Amount of Contribution (\$)	\$25.00
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions AJ Benefit Advisors	<u>l</u> 5)		
	Date 05/01/2025	Full name of contributor out-of-state PAC (I Dettman, James Contributor address; City; State; Zip Code Georgetown, TX 78628	D#:			Amount of Contribution (\$)	\$25.00
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions AJ Benefit Advisors	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 36/129 Rpt: 39/142	
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 06/01/2025	5 Full name of contributor Dettman, James6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
0	Dringing! goog	Georgetown, TX 78628	lo.	Employer (See Instructions	·/		
8	Broker	pation / Job title (See Instructions)	9	Employer (See Instructions AJ Benefit Advisors	•)		
	Date 03/10/2025	Full name of contributor Eller, Darla Contributor address; City; Sta)		Amount of Contribution (\$)	\$150.00
	Principal occu	Lubbock, TX 79416 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> ;)		
	Client Manaç			Gallagher	<u></u>		
	Date 01/05/2025	Full name of contributor Elliott-Harmon, Patti Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Portland, TX 78374					
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Humana	5)		
	Date 02/05/2025	Full name of contributor Elliott-Harmon, Patti Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Humana	5)		
	Date 03/05/2025	Full name of contributor Elliott-Harmon, Patti Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Humana	s)		
			<u>'</u>				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fe	orm.	1	Total pages Schedule A1: Sch: 37/129 Rpt: 40/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/05/2025	 5 Full name of contributor Elliott-Harmon, Patti 6 Contributor address; City; St 	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu Insurance Aç)	9 Employer (See Instructions Humana	<u> </u> s)		
	Date 05/05/2025	Full name of contributor Elliott-Harmon, Patti Contributor address; City; St Portland, TX 78374	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)	Employer (See Instructions Humana	<u>l</u> s)		
	Date 06/05/2025	Full name of contributor Elliott-Harmon, Patti Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	Portland, TX 78374 pation / Job title (See Instructions	1	Employer (See Instructions	<u>''</u>		
	Insurance Aç)	Humana	·)		
	Date 01/20/2025	Full name of contributor Evans, Mike Contributor address; City; St Coppell, TX 75019	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 02/20/2025	Full name of contributor Evans, Mike Contributor address; City; St Coppell, TX 75019	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/129 Rpt: 41/142	
2	FILER NAME National Ass	sociation of Benefit and Insurance Professionals - Te	exas PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 03/20/2025	 Full name of contributor out-of-state PAC (ID#:_ Evans, Mike Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
_	Deinsinal	Coppell, TX 75019	10 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8	Insurance A	pation / Job title (See Instructions) gent	9 Employer (See Instructions Self	5)		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID#:_ Evans, Mike Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	Coppell, TX 75019 Ipation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u> 5)		
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID#:_ Evans, Mike Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	Coppell, TX 75019 upation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Insurance A	gent	Self			
	Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_ Evans, Mike Contributor address; City; State; Zip Code Coppell, TX 75019)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance A	pation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u>		
	Date 01/01/2025	Full name of contributor out-of-state PAC (ID#:_ Everhart, Kylie Contributor address; City; State; Zip Code Keller, TX 76248			Amount of Contribution (\$)	\$12.50
	Principal occu chief Growth	n officer	Employer (See Instructions Exchange Broker Certifi		ions	
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	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 39/129 Rpt: 42/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance	e Professionals - Texas	s PAC		00042577	
4	Date 02/01/2025	5 Full name of contributor Everhart, Kylie6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Keller, TX 76248					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	chief Growth			Exchange Broker Certifi		ions	
_	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	03/01/2025	Everhart, Kylie Contributor address; City; State				, another of Contained alon (c)	\$12.50
		Keller, TX 76248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	chief Growth	officer		Exchange Broker Certifi	cat	ions	
	Date 04/01/2025	Full name of contributor Everhart, Kylie Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
		Keller, TX 76248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	chief Growth	officer		Exchange Broker Certifi	cat	ions	
	Date 05/01/2025	Full name of contributor Everhart, Kylie Contributor address; City; State Keller, TX 76248	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	chief Growth	officer		Exchange Broker Certifi	cat	ions	
	Date 06/01/2025	Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
_	Dringing! coc:	Reller, TX 76248		Employer (See Instructions	·)		
	chief Growth	pation / Job title (See Instructions) officer		Exchange Broker Certifi		ions	

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 40/129 Rpt: 43/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professiona	als - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 01/20/2025	 Full name of contributor out-of-state PA Ford, Holley Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Austin, TX 78738 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Insurance Ag			Humana	,		
	Date 02/20/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78738 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Insurance Ag	,		Humana	,		
	Date 03/20/2025	Full name of contributor out-of-state PA Ford, Holley Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78738					
	Principal occup	pation / Job title (See Instructions) gent		Employer (See Instructions Humana	5)		
	Date 04/20/2025	Full name of contributor out-of-state PA Ford, Holley Contributor address; City; State; Zip Code Austin, TX 78738	`)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Humana	5)		
	Date 06/20/2025	Full name of contributor out-of-state PAFord, Holley Contributor address; City; State; Zip Code Austin, TX 78738				Amount of Contribution (\$)	\$12.50
	Principal occup	pation / Job title (See Instructions) gent		Employer (See Instructions Humana	5)		
			ı				

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 41/129 Rpt: 44/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance	e Professionals - Texa	s PAC		00042577	
4	Date 01/20/2025	5 Full name of contributor Fristoe, Kelly6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Wichita Falls, TX 76301					
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	9	Employer (See Instructions	5)		
	Date 02/20/2025	Full name of contributor Fristoe, Kelly Contributor address; City; State Wichita Falls, TX 76301	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Self			
	Date 03/20/2025	Full name of contributor Fristoe, Kelly Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$25.00
		Wichita Falls, TX 76301					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions	i)		
	Date 04/20/2025	Full name of contributor Fristoe, Kelly Contributor address; City; State Wichita Falls, TX 76301	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 05/20/2025	Full name of contributor Fristoe, Kelly Contributor address; City; State Wichita Falls, TX 76301	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	()		
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 42/129 Rpt: 45/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insuran	ce Professionals - Texa	as PAC	L	00042577	
4	Date 06/20/2025	5 Full name of contributor [Fristoe, Kelly6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Wichita Falls, TX 76301					
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	9	Employer (See Instructions Self	5)		
	Date 01/01/2025	Full name of contributor Garfias, Elisa Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$13.37
	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions)		Employer (See Instructions	2) 		
	Account Exe			United Healthcare	-,		
	Date 02/20/2025	Full name of contributor [Gilbert, Debra Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$18.75
		Grapevine, TX 76051					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Innovative Insurance Sc		ions	
	Date 05/20/2025	Full name of contributor Gilbert, Debra Contributor address; City; Sta Grapevine, TX 76051	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$18.75
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Innovative Insurance Sc		ions	
	Date 01/22/2025	Full name of contributor Gonzales, Theresa Contributor address; City; Sta Harlingen, TX 78550	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Ameritas	<u>1</u> S)		

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains hov	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 43/129 Rpt: 46/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	kas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/22/2025	5 Full name of contributor Gonzales, Theresa6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Harlingen, TX 78550 pation / Job title (See Instructions	9)	<u> </u>	Employer (See Instructions	=)		
0	Insurance Aç		5)	<u> </u>	Ameritas	·)		
	Date 03/22/2025	Full name of contributor Gonzales, Theresa Contributor address; City; S)	•	Amount of Contribution (\$)	\$12.50
	Principal occur	Harlingen, TX 78550 pation / Job title (See Instructions	5)		Employer (See Instructions	<u>;)</u>		
	Insurance Aç	`			Ameritas	-,		
	Date 04/22/2025	Full name of contributor Gonzales, Theresa Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Harlingen, TX 78550						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions Ameritas	5)		
	Date 05/22/2025	Full name of contributor Gonzales, Theresa Contributor address; City; S Harlingen, TX 78550	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Ameritas	5)		
	Date 06/22/2025	Full name of contributor Gonzales, Theresa Contributor address; City; S Harlingen, TX 78550	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions	(5)		Employer (See Instructions Ameritas	5)		

_			SCHEDULE A1		
	The Instruc	ction Guide explains how to complete th	his form.	1 Total pages Schedule A1: Sch: 44/129 Rpt: 47/142	
2 F	FILER NAME			3 Filer ID (Ethics Commission File	lers)
1	National Asso	ociation of Benefit and Insurance Professionals	s - Texas PAC	00042577	
	01/10/2025	 Full name of contributor out-of-state PAC Gonzalez-Luna, Veronica Contributor address; City; State; Zip Code 	(ID#:)	7 Amount of Contribution (\$)	\$10.00
		League City, TX 77573			
8 [Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)	
I	Insurance Ag	ent	Today's Benefit Solutio	ons	
	Date 02/10/2025	Full name of contributor out-of-state PAC Gonzalez-Luna, Veronica Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$)	\$10.00
		League City, TX 77573			
		pation / Job title (See Instructions)	Employer (See Instruction		
!	Insurance Ag	rent	Today's Benefit Solutio	ons	
	Date 03/10/2025	Full name of contributor out-of-state PAC Gonzalez-Luna, Veronica Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$)	\$10.00
		League City, TX 77573			
F	Principal occup	oation / Job title (See Instructions)	Employer (See Instruction	ns)	
I	Insurance Ag	ent	Today's Benefit Solutio	ons	
	Date 04/10/2025	Full name of contributor out-of-state PAC Gonzalez-Luna, Veronica Contributor address; City; State; Zip Code League City, TX 77573	(ID#:)	Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Today's Benefit Solutio		
	Date 05/10/2025	Full name of contributor out-of-state PAC Gonzalez-Luna, Veronica Contributor address; City; State; Zip Code League City, TX 77573		Amount of Contribution (\$)	\$10.00
F	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
I	Insurance Ag	ent	Today's Benefit Solutio	ons	

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/129 Rpt: 48/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 06/10/2025	 Full name of contributor Gonzalez-Luna, Veronica Contributor address; City; S 			7	Amount of Contribution (\$)	\$10.00
		League City, TX 77573					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	Insurance Aç	gent		Today's Benefit Solution	าร		
	Date 01/02/2025	Full name of contributor Goodman, Cynthia Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Drincinal occu	pation / Job title (See Instructions	.)	Employer (See Instructions	·/		
	Insurance A		"	United Healthcare	·)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		<u> </u>	Amount of Contribution (\$)	
	02/02/2025	Goodman, Cynthia Contributor address; City; S				, and an extra control (4)	\$12.50
		Richardson, TX 75080					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Insurance A	gent		United Healthcare			
	Date 03/02/2025	Full name of contributor Goodman, Cynthia Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions United Healthcare	5)		
	Date 04/02/2025	Full name of contributor Goodman, Cynthia Contributor address; City; S Richardson, TX 75080	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Insurance Aç	gent		United Healthcare			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to cor	mplete this for	n.	1	Total pages Schedule A1: Sch: 46/129 Rpt: 49/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Pro	fessionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/02/2025	Goodman, Cynthia	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Drincinal occur	Richardson, TX 75080 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Insurance Aç		3	United Healthcare	')		
	Date 06/02/2025	Full name of contributor out-o Goodman, Cynthia Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$12.50
		Richardson, TX 75080	· · · · · · · · · · · · · · · · · · ·				
	Principal occur Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Healthcare	i)		
	Date 01/26/2025	Full name of contributor out-o Gracia, Hector Contributor address; City; State; Zip 0	of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Pharr, TX 78577					
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>;</u>)		
	Date 02/26/2025	Gracia, Hector	of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date 03/26/2025	Gracia, Hector	of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 47/129 Rpt: 50/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/26/2025	5 Full name of contributor Gracia, Hector6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Pharr, TX 78577 pation / Job title (See Instructions) [9	Employer (See Instructions	 		
	Agent	`	,		Self	,		
	Date 05/26/2025	Full name of contributor Gracia, Hector Contributor address; City; St)	•	Amount of Contribution (\$)	\$12.50
		Pharr, TX 78577						
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 06/26/2025	Full name of contributor Gracia, Hector Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Pharr, TX 78577						
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/26/2025	Full name of contributor Gracia, Lisa Adriana Contributor address; City; St Edinburg, TX 78539	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions iance Officer)		Employer (See Instructions Infinitus	<u> </u>		
	Date 02/26/2025	Full name of contributor Gracia, Lisa Adriana Contributor address; City; St Edinburg, TX 78539	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions iance Officer)		Employer (See Instructions Infinitus	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 48/129 Rpt: 51/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/26/2025	5 Full name of contributor Gracia, Lisa Adriana6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Edinburg, TX 78539 pation / Job title (See Instructions	<u>.)</u>	9	Employer (See Instructions	رد 		
	Chief Compli		,,		Infinitus	,,		
	Date 04/26/2025	Full name of contributor Gracia, Lisa Adriana Contributor address; City; S					Amount of Contribution (\$)	\$12.50
		Edinburg, TX 78539						
	Principal occur Chief Compli	pation / Job title (See Instructions ance Officer	5)		Employer (See Instructions Infinitus	5)		
	Date 05/26/2025	Full name of contributor Gracia, Lisa Adriana Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Edinburg, TX 78539						
	Principal occu Chief Compli	pation / Job title (See Instructions ance Officer	s)		Employer (See Instructions Infinitus	5)		
	Date 06/26/2025	Full name of contributor Gracia, Lisa Adriana Contributor address; City; S Edinburg, TX 78539	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Chief Compli	pation / Job title (See Instructions ance Officer	s)		Employer (See Instructions Infinitus	5)		
	Date 01/26/2025	Full name of contributor Hamm, Phillip Contributor address; City; S Houston, TX 77043	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions	s)		Employer (See Instructions Ameritas	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/129 Rpt: 52/142	
2	FILER NAME	ociation of Benefit and Insurar	nce Professionals - Tex	vas BAC	3	Filer ID (Ethics Commission 00042577	Filers)
_					L		
4	Date 02/26/2025	5 Full name of contributor Hamm, Phillip6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Houston, TX 77043					
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		9 Employer (See Instructions Ameritas	s)		
	Date 03/26/2025	Full name of contributor Hamm, Phillip Contributor address; City; Sta Houston, TX 77043	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Ameritas			
	Date 04/26/2025	Full name of contributor Hamm, Phillip Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Houston, TX 77043					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Ameritas			
	Date 05/26/2025	Full name of contributor Hamm, Phillip Contributor address; City; Sta Houston, TX 77043	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Ameritas	<u>l</u> 6)		
	Date 06/26/2025	Full name of contributor Hamm, Phillip Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Ameritas	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 50/129 Rpt: 53/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance	Professionals - Texas	S PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/09/2025	Harman, Jessica	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$15.00
8	Principal occur	Corpus Christi, TX 78401 pation / Job title (See Instructions)	la	Employer (See Instructions	;)		
0	Insurance Aç		9	Insure Me Shop	·)		
	Date 05/09/2025	Full name of contributor Harman, Jessica Contributor address; City; State;				Amount of Contribution (\$)	\$15.00
	Principal occur	Corpus Christi, TX 78401 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Insurance Ag			Insure Me Shop	·)		
	Date 06/09/2025	Full name of contributor Harman, Jessica Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Corpus Christi, TX 78401					
	Principal occup	pation / Job title (See Instructions) gent		Employer (See Instructions Insure Me Shop	s)		
	Date 01/19/2025	Full name of contributor Harrington, Paula Contributor address; City; State; Plano, TX 75074				Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions) ance Broker		Employer (See Instructions Harrington Insurance So		ions, LLC	
	Date 02/19/2025	Full name of contributor Harrington, Paula Contributor address; City; State; Plano, TX 75074				Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions		ions II C	
	neaiii iiisula	ALICE DIUNCI	<u> </u>	Harrington Insurance So	Jiul	IIOIIS, LLC	

IVIC	JNEI	ARY POLITICAL (ZONTRIBUTIO	ON S		SCHEDULE	A1
The	e Instruc	ction Guide explains how	to complete this	form.	1	Total pages Schedule A1: Sch: 51/129 Rpt: 54/142	
	R NAME onal Ass	ociation of Benefit and Insura	nce Professionals - T	exas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4 Date 03/1	e L9/2025	5 Full name of contributor Harrington, Paula6 Contributor address; City; St			7	Amount of Contribution (\$)	\$50.00
		Plano, TX 75074					
		pation / Job title (See Instructions	5)	9 Employer (See Instructions			
Hea	ılth Insura	ance Broker		Harrington Insurance S	olut	ions, LLC	
Date 04/1	e 19/2025	Full name of contributor Harrington, Paula Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Plano, TX 75074					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
Неа	ılth Insura	ance Broker		Harrington Insurance S	olut	ions, LLC	
Date 05/1	e L9/2025	Full name of contributor Harrington, Paula Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Plano, TX 75074					
		pation / Job title (See Instructions ance Broker	5)	Employer (See Instructions Harrington Insurance S		ions II.C	
				<u> </u>	T		
Date 06/1	19/2025	Full name of contributor Harrington, Paula Contributor address; City; Si Plano, TX 75074				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions ance Broker	s)	Employer (See Instructions Harrington Insurance S		ions, LLC	
Date 01/2	20/2025	Full name of contributor Harris, Polly Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78413					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions		nov	
Insu	ırance Aç	jent 		Polly Harris Insurance A	Age	ncy	

	MONEI	ARY POLITICAL CONTRIBUT	HOR	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 52/129 Rpt: 55/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurance Professionals	- Texa	as PAC		00042577	
4	Date 02/20/2025	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78413					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Insurance Aç	gent		Polly Harris Insurance A	ge	ncy	
	Date 03/20/2025	Full name of contributor	(ID#:			Amount of Contribution (\$)	\$25.00
	Dringinal occur	Corpus Christi, TX 78413 pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
	Insurance Aç			Polly Harris Insurance A		ncv	
	Date Full name of contributor out-of-state PAC (ID#:		10#:		ı	Amount of Contribution (\$)	
	04/20/2025	Harris, Polly Contributor address; City; State; Zip Code				(0)	\$25.00
		Corpus Christi, TX 78413					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	gent		Polly Harris Insurance A	.ge	ncy 	
	Date 05/20/2025	Full name of contributor out-of-state PAC (Harris, Polly Contributor address; City; State; Zip Code Corpus Christi, TX 78413	(ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Polly Harris Insurance A		ncv	
				· Ony Flame medianes /	ıgo		
	Date 06/20/2025	Full name of contributor out-of-state PAC (Harris, Polly Contributor address; City; State; Zip Code Corpus Christi, TX 78413	ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	gent		Polly Harris Insurance A	.ge	ncy	

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 53/129 Rpt: 56/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - T	exa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/14/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$300.00
_	Deinainal assu	Odessa, TX 79761	10	Franks var (Can kastrustis va	<u></u>		
8	Insurance Aç	pation / Job title (See Instructions) gent	9	Employer (See Instructions Hayes Insurance	5)		
	Date 01/20/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$6.25
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> s)		
	Insurance Aç	gent		Hebert Insurance			
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#: Hebert, Laura Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$6.25
		Corpus Christi, TX 78418					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Hebert Insurance	s)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#: Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418)	•	Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Hebert Insurance	5)		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID#: Hebert, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78418				Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Hebert Insurance	5)		
		,	1				

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 54/129 Rpt: 57/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	ınce Professionals - Te	xas PAC		00042577	
4	Date 05/20/2025	5 Full name of contributor Hebert, Laura6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$6.25
8	Principal occu	Corpus Christi, TX 78418		Employer (See Instructions	 		
	Insurance Aç	,	,	Hebert Insurance	,		
	Date 06/20/2025	Full name of contributor Hebert, Laura Contributor address; City; S Corpus Christi, TX 78418)		Amount of Contribution (\$)	\$6.25
_	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	Insurance Aç			Hebert Insurance			
	Date 01/01/2025	Full name of contributor Hoffman, Crystal Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Sugar Land, TX 77487					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Hoffman Insurance Gro			
	Date 02/01/2025	Full name of contributor Hoffman, Crystal Contributor address; City; S Sugar Land, TX 77488	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u>. </u>		
	Insurance Aç	gent		Hoffman Insurance Gro	up		
	Date 03/01/2025	Full name of contributor Hoffman, Crystal Contributor address; City; S Sugar Land, TX 77488	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Insurance Aç	gent		Hoffman Insurance Gro	up		
_							

	MONEI	ARY POLITICAL C	CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/129 Rpt: 58/142	
2	FILER NAME	ociation of Benefit and Insura	nce Professionals - Te	vas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
-	04/01/2025	Hoffman, Crystal	out of state 1710 (IBM			7 mileant er centingation (4)	\$20.00
		6 Contributor address; City; St	ate; Zip Code				
		Sugar Land, TX 77488					
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance Aç			Hoffman Insurance Gro	up		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#00.00
	05/01/2025	Hoffman, Crystal					\$20.00
		Contributor address; City; St	ate; Zip Code				
		Sugar Land, TX 77488					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	gent		Hoffman Insurance Gro	up		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/01/2025	Hoffman, Crystal					\$20.00
		Contributor address; City; St	ate; Zip Code				
		Sugar Land, TX 77488					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	gent		Hoffman Insurance Gro	up		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/22/2025	Holloway, Ryan Contributor address; City; St	ate; Zip Code		-		\$12.50
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner			Holloway Benefit Conce	pts	i	
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/22/2025	Holloway, Ryan]		\$12.50
		Contributor address; City; St	ate; Zip Code				
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner			Holloway Benefit Conce	pts	; 	

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 56/129 Rpt: 59/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insuran	ce Professionals - Texa —	s PAC		00042577	
4	Date 03/22/2025	5 Full name of contributor [Holloway, Ryan	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		6 Contributor address; City; Sta	te; Zip Code				
		Dallas, TX 75201			L		
8		pation / Job title (See Instructions)	9	1 7 (
	Owner			Holloway Benefit Conce	pts	i 	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/22/2025	Holloway, Ryan					\$12.50
		Contributor address; City; Sta	te; Zip Code		1		
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Holloway Benefit Conce	pts		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/22/2025	Holloway, Ryan		/		(4)	\$12.50
		Contributor address; City; Sta	te: 7in Code		l		,
		Contributor address, City, Sta	ic, zip codc				
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Owner	,		Holloway Benefit Conce			
_	Data	Full manner of contributor - F	7		<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#10 F0
	06/22/2025	Holloway, Ryan					\$12.50
		Contributor address; City; Sta	te; Zip Code				
		Dellas TV 75201					
	5: : 1	Dallas, TX 75201		- · · · · · · · · · · · · · · · · · · ·	Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Owner			Holloway Benefit Conce	pts	: 	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/07/2025	Irwin, Maria					\$12.50
		Contributor address; City; Sta	te; Zip Code		1		
L		Austin, TX 78744					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Sa	ales		United Healthcare			
Г			<u> </u>				
l							

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	mplete this for	n.	1	Total pages Schedule A1: Sch: 57/129 Rpt: 60/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Pro	ofessionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/07/2025	 Full name of contributor out-lrwin, Maria Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Austin, TX 78744 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
Ŭ	Insurance A			United Healthcare	')		
	Date 03/07/2025	Full name of contributor out- Irwin, Maria Contributor address; City; State; Zip Austin, TX 78744)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Insurance Aç	gent		United Healthcare			
	Date 04/07/2025	Full name of contributor out- Irwin, Maria Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78744					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions United Healthcare)		
	Date 05/07/2025	Irwin, Maria				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions United Healthcare	5)		
	Date 06/07/2025	Irwin, Maria	of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions)		Employer (See Instructions United Healthcare	()		
	Insurance Aç	yon.	L_	onited Healthcare			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 58/129 Rpt: 61/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 01/20/2025	5 Full name of contributor Jaques, Kevin6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Austin, TX 78746					
8	Principal occu Insurance Sa	pation / Job title (See Instructions ales)	9 Employer (See Instructions United Healthcare	5)		
	Date 02/20/2025	Full name of contributor Jaques, Kevin Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Sa	ales		United Healthcare			
	Date 03/20/2025	Full name of contributor Jaques, Kevin Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78746					
	Principal occu Insurance Sa	pation / Job title (See Instructions ales)	Employer (See Instructions United Healthcare	5)		
	Date 04/20/2025	Full name of contributor Jaques, Kevin Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions ales)	Employer (See Instructions United Healthcare	5)		
	Date 05/20/2025	Full name of contributor Jaques, Kevin Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions ales		Employer (See Instructions United Healthcare	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 59/129 Rpt: 62/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 06/20/2025	5 Full name of contributor Jaques, Kevin6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu Insurance Sa			9 Employer (See Instructions United Healthcare	5)		
	Date 04/09/2025	Full name of contributor Jaramillo, Pete Contributor address; City; Si Mission, TX 78572	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$103.48
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	5)		
	Date 04/20/2025	Full name of contributor Jaramillo, Pete Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$6.25
		Mission, TX 78572					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	()	Employer (See Instructions Self	S)		
	Date 05/20/2025	Full name of contributor Jaramillo, Pete Contributor address; City; Si Mission, TX 78572	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Ag	pation / Job title (See Instructions gent	·)	Employer (See Instructions Self	5)		
	Date 06/20/2025	Full name of contributor Jaramillo, Pete Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 60/129 Rpt: 63/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insuran	ce Professionals - Texa	s PAC		00042577	
4	Date 01/21/2025	Full name of contributor Keathley, Bryan Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$12.50
•	Dringing Local	Arlington, TX 76012	lo.	Employer (Coo Instructionary			
8		pation / Job title (See Instructions)	9	1 , (nhatham	
	Insurance A			Safe Harbor Benefits Hi	ggi		
	Date 02/21/2025	Full name of contributor [Keathley, Bryan Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Arlington, TX 76012					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Safe Harbor Benefits Hi	ggi	nbotham	
	Date 03/21/2025	Full name of contributor Keathley, Bryan Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$12.50
		Arlington, TX 76012					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Safe Harbor Benefits Hi	ggi	nbotham	
	Date 04/21/2025	Full name of contributor Keathley, Bryan Contributor address; City; Sta Arlington, TX 76012	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Insurance Aç	gent		Safe Harbor Benefits Hi	ggi	nbotham	
	Date 05/21/2025	Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$12.50
	Delegational	Arlington, TX 76012	1	Employer (October 1997)	<u></u>		
	Insurance A	pation / Job title (See Instructions) gent		Employer (See Instructions Safe Harbor Benefits Hi		nbotham	

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fe	orm.	1	Total pages Schedule A1: Sch: 61/129 Rpt: 64/142	
2	FILER NAME National Ass	sociation of Benefit and Insurar	nce Professionals - Te	exas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2025	Full name of contributor Kelly, ReneeContributor address; City; State	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Austin, TX 78717 upation / Job title (See Instructions))	9 Employer (See Instructions	 		
	Date 02/20/2025	Full name of contributor Kelly, Renee Contributor address; City; Sta		Ameritas		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions))	Employer (See Instructions Ameritas	<u> </u> 3)		
	Date 03/20/2025	Full name of contributor Kelly, Renee Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78717 Ipation / Job title (See Instructions))	Employer (See Instructions	 		
	Insurance Sa	ales		Ameritas			
	Date 04/20/2025	Full name of contributor Kelly, Renee Contributor address; City; Sta)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions))	Employer (See Instructions Ameritas	<u> </u> 3)		
	Date 05/20/2025	Full name of contributor Kelly, Renee Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	ipation / Job title (See Instructions) ales)	Employer (See Instructions Ameritas	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 62/129 Rpt: 65/142	
2	FILER NAME	agistion of Ponofit and Incurar	noo Drofossionals - To	vac DAC	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insurar			L	00042577	
4	Date 06/20/2025	5 Full name of contributor Kelly, Renee6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Austin, TX 78717					
8	Principal occu Insurance Sa	pation / Job title (See Instructions)		9 Employer (See Instructions Ameritas	5)		
	Date 01/20/2025	Full name of contributor Knight, Jack Contributor address; City; Sta Amarillo, TX 79109	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$6.25
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Insurance A	gent		Self			
	Date 02/20/2025	Full name of contributor Knight, Jack Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code			Amount of Contribution (\$)	\$6.25
		Amarillo, TX 79109					
	·	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Insurance Aç	Jeni		Jeii	_		
	Date 03/20/2025	Full name of contributor Knight, Jack Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	C	Employer (See Instructions Self	5)		
	Date 04/20/2025	Full name of contributor Knight, Jack Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 63/129 Rpt: 66/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 05/20/2025	5 Full name of contributor Knight, Jack6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$6.25
		Amarillo, TX 79109					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9 Employer (See Instruction Self	s)		
	Date 06/20/2025	Full name of contributor Knight, Jack Contributor address; City; Si Amarillo, TX 79109	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$6.25
	Principal occu	nation / Job title (See Instructions)	Employer (See Instruction	s)		
	Insurance Aç	gent		Self			
	Date 01/20/2025	Full name of contributor Lasman, Dana Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
		Austin, TX 78704					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	·)	Employer (See Instruction JBird Insurance Group	s)		
	Date 02/20/2025	Full name of contributor Lasman, Dana Contributor address; City; Si Austin, TX 78704	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instruction JBird Insurance Group	s)		
	Date 03/20/2025	Full name of contributor Lasman, Dana Contributor address; City; Si Austin, TX 78704	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instruction JBird Insurance Group	s)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 64/129 Rpt: 67/142		
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)	
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577		
4	Date 04/20/2025	5 Full name of contributor Lasman, Dana6 Contributor address; City; St.	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$12.50	
		Austin, TX 78704						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent		9 Employer (See Instructions JBird Insurance Group	5)			
	Date 05/20/2025	Full name of contributor Lasman, Dana Contributor address; City; St. Austin, TX 78704	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Insurance Agent		JBird Insurance Group					
	Date 06/20/2025	Full name of contributor Lasman, Dana Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50	
		Austin, TX 78704						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions JBird Insurance Group	5)			
	Date 01/20/2025	Full name of contributor Lawlis, Rita Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions Ashmore & Associates	5)			
	Date 02/20/2025	Full name of contributor Lawlis, Rita Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50	
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instructions Ashmore & Associates	5)			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 65/129 Rpt: 68/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insurar	nce Professionals - Tex	as PAC		00042577	
4	Date 03/20/2025	5 Full name of contributor Lawlis, Rita6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Lubbock, TX 79424					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	Insurance Aç	gent		Ashmore & Associates			
	Date 04/20/2025	Full name of contributor Lawlis, Rita Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$12.50
	Drincinal occu	Lubbock, TX 79424 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Insurance A			Ashmore & Associates)		
	Date Full name of contributor out-of-state PAC (I		Out of state BAC (ID#:	,	Г	Amount of Contribution (\$)	
	05/20/2025	Lawlis, Rita Contributor address; City; Sta				, and an extra control (4)	\$12.50
		Lubbock, TX 79424					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Ashmore & Associates			
	Date 06/20/2025	Full name of contributor Lawlis, Rita Contributor address; City; Sta Lubbock, TX 79424	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	'	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Ashmore & Associates			
	Date 01/20/2025	Full name of contributor Le, Duong Contributor address; City; Sta Grand Prarie, TX 75052	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 66/129 Rpt: 69/142	
2	FILER NAME	anistica of Donofft and Income	non Dunfannianala To	DAC	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insura			_	00042577	
4	Date 02/20/2025	Full name of contributor Le, Duong Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7 	Amount of Contribution (\$)	\$12.50
		Grand Prarie, TX 75052					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	;)	9 Employer (See Instruction: Self	s)		
	Date 03/20/2025	Full name of contributor Le, Duong Contributor address; City; St Grand Prarie, TX 75052	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruction	s)		
	Insurance A	gent		Self			
	Date 04/20/2025	Full name of contributor Le, Duong Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Grand Prarie, TX 75052					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instruction: Self	s)		
	Date 01/20/2025	Full name of contributor Ledgerwood, Michael Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	s)	Employer (See Instruction: Senior Health Plans of		as	
	Date 02/20/2025	Full name of contributor Ledgerwood, Michael Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	s)	Employer (See Instruction: Senior Health Plans of		as	

	MONEI	ARY POLITICAL (CONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 67/129 Rpt: 70/142	
2	FILER NAME National Ass	sociation of Benefit and Insura	nce Professionals - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/20/2025	Full name of contributor Ledgerwood, Michael Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Cypress, TX 77433					
8	Insurance Sa			Employer (See Instructions Senior Health Plans of T			
	Date 04/20/2025	Full name of contributor Ledgerwood, Michael Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions	., I	Employer (See Instructions	·/		
	Insurance Sa)	Senior Health Plans of 1		as	
	Date 05/20/2025	Full name of contributor Ledgerwood, Michael Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Cypress, TX 77433					
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	(3)	Employer (See Instructions Senior Health Plans of 1	-	as	
	Date 06/20/2025	Full name of contributor Ledgerwood, Michael Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	s)	Employer (See Instructions Senior Health Plans of T		as	
	Date 01/20/2025	Full name of contributor Lee, Diane Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.25
	Principal occu Insurance A	pation / Job title (See Instructions gent	(3)	Employer (See Instructions Self	<u>.</u> s)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 68/129 Rpt: 71/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - ⁻	Геха	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$6.25
8	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Insurance Aç	gent		Self			
	Date 03/20/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$6.25
	Principal occur	Corpus Christi, TX 78401 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	;) 		
	Insurance Aç	,		Self	"		
	Date 04/20/2025	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$6.25
	Dringinal occur	Corpus Christi, TX 78401 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>''</u>		
	Insurance Aç			Self	P)		
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID# Lee, Diane Contributor address; City; State; Zip Code Corpus Christi, TX 78401				Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	<u>s)</u>		
	Date 06/20/2025	Full name of contributor out-of-state PAC (ID# Lee, Diane Contributor address; City; State; Zip Code Corpus Christi, TX 78401				Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	s)		
			<u> </u>				

	MONET	ARY POLITICAL (CONTRIBUTIO	N 	<u>.</u>		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 69/129 Rpt: 72/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/05/2025	5 Full name of contributor Long, Scott6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
Ĺ	Deireciant	Katy, TX 77494	\		Foundation (October to the street)			
8	Insurance Aç	pation / Job title (See Instructions gent	()	9	Employer (See Instructions Self	5)		
	Date 02/05/2025	Full name of contributor Long, Scott Contributor address; City; S	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Katy, TX 77494 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Agent Self							
	Date 03/05/2025	Full name of contributor Long, Scott Contributor address; City; S)	•	Amount of Contribution (\$)	\$12.50
		Katy, TX 77494						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
	Date 04/05/2025	Full name of contributor Long, Scott Contributor address; City; S Katy, TX 77494	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)		Employer (See Instructions Self	5)		
	Date 05/05/2025	Full name of contributor Long, Scott Contributor address; City; S Katy, TX 77494	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	·)		Employer (See Instructions	<u>.</u> S)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS	SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this for	n.	1 Total pages Schedule A1: Sch: 70/129 Rpt: 73/142	
2	FILER NAME				3 Filer ID (Ethics Commission	on Filers)
	National Ass	ociation of Benefit and Insurance	Professionals - Texa:	s PAC	00042577	
4	Date 06/05/2025	 5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$12.50
		Katy, TX 77494				
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	9	Employer (See Instructions Self	is)	
	Date 01/20/2025	Full name of contributor Cuker, Sharon Contributor address; City; State; 2	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	is)	
	Insurance Aç	gent		Luker Insurance Strateg	gies	
	Date 02/20/2025	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$12.50
		Plano, TX 75023				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions		
	Insurance Aç	gent		Luker Insurance Strateg	gies	
	Date 03/20/2025	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	rs)	
	Insurance Aç	gent		Luker Insurance Strateg	gies	
	Date 04/20/2025	Full name of contributor Cuker, Sharon Contributor address; City; State; 2	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	rs)	
	Insurance Aç	gent		Luker Insurance Strateg	gies	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS	SCHEDULE A	\1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 71/129 Rpt: 74/142	
2	FILER NAME				3 Filer ID (Ethics Commission File	ers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC	00042577	
4	Date 05/20/2025	5 Full name of contributor Luker, Sharon6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7 Amount of Contribution (\$) \$	12.50
		Plano, TX 75023				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Insurance Aç	gent		Luker Insurance Strateg	gies	
	Date 06/20/2025	Full name of contributor Luker, Sharon Contributor address; City; St Plano, TX 75023	out-of-state PAC (ID#:		Amount of Contribution (\$)	12.50
	Dringinal occur	pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions		
	Insurance Aç		,	Luker Insurance Strateg		
	Date	Full name of contributor	<u> </u>		Amount of Contribution (\$)	
	01/20/2025	Martin, Patricia Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			12.50
		Houston, TX 77056				
		pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Insurance Aç	jent 		Self		
	Date 02/20/2025	Full name of contributor Martin, Patricia Contributor address; City; St Houston, TX 77056	out-of-state PAC (ID#:_ ate; Zip Code)	Amount of Contribution (\$) \$	12.50
	Principal occu Insurance Ag	pation / Job title (See Instructions gent)	Employer (See Instructions Self	5)	
	Date 03/20/2025	Full name of contributor Martin, Patricia Contributor address; City; St Houston, TX 77056	out-of-state PAC (ID#:_		Amount of Contribution (\$)	12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	5)	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	INS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 72/129 Rpt: 75/142	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 04/20/2025	5 Full name of contributor Martin, Patricia6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$12.50
		Houston, TX 77056					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9 Employer (See Instruction Self	s)		
	Date 05/20/2025	Full name of contributor Martin, Patricia Contributor address; City; St Houston, TX 77056	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Insurance Aç	gent		Self			
	Date 06/20/2025	Full name of contributor Martin, Patricia Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
		Houston, TX 77056					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instruction Self	s)		
	Date 01/14/2025	Full name of contributor McCrackenBrown, Sean Contributor address; City; St Corpus Christi, TX 78414	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu Agent	pation / Job title (See Instructions)	Employer (See Instruction Carlisle Insurance	s)		
	Date 02/14/2025	Full name of contributor McCrackenBrown, Sean Contributor address; City; St Corpus Christi, TX 78414	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	Principal occu Agent	pation / Job title (See Instructions		Employer (See Instruction Carlisle Insurance	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this forn	1.	1	Total pages Schedule A1: Sch: 73/129 Rpt: 76/142	
2	FILER NAME National Ass	ociation of Benefit and Insuranc	e Professionals - Texas	PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/14/2025	5 Full name of contributor McCrackenBrown, Sean6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$30.00
		Corpus Christi, TX 78414					
8	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Carlisle Insurance	5)		
	Date 04/14/2025	Full name of contributor McCrackenBrown, Sean Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu Agent	Corpus Christi, TX 78414 pation / Job title (See Instructions)		Employer (See Instructions Carlisle Insurance	<u> </u>		
	Date 05/14/2025	Full name of contributor McCrackenBrown, Sean Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	1	Employer (See Instructions			
	Agent	pation 7 cos title (See Instituctions)		Carlisle Insurance	')		
	Date 06/14/2025	Full name of contributor McCrackenBrown, Sean Contributor address; City; State Corpus Christi, TX 78414	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Carlisle Insurance)		
	Date 01/10/2025	Full name of contributor Meason, Toby Contributor address; City; State Amarillo, TX 79101	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 74/129 Rpt: 77/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurar	nce Professionals - Tex	(as PAC		00042577	
4	Date 02/10/2025	 5 Full name of contributor Meason, Toby 6 Contributor address; City; Sta 	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Amarillo, TX 79101					
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		9 Employer (See Instructions Self	5)		
	Date 03/10/2025	Full name of contributor Meason, Toby Contributor address; City; Sta Amarillo, TX 79101	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Insurance Aç			Self			
	Date 04/10/2025	Full name of contributor Meason, Toby Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Amarillo, TX 79101					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 05/10/2025	Full name of contributor Meason, Toby Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 06/10/2025	Full name of contributor Meason, Toby Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 75/129 Rpt: 78/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insurar	nce Professionals - Tex	as PAC		00042577	
4	Date 01/01/2025	5 Full name of contributor Meyer, Steven6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$27.53
		Centennial, TX 80112					
8	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Colorado Benefit Adviso			
	Date 02/01/2025	Full name of contributor Meyer, Steven Contributor address; City; Sta Centennial, TX 80112	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$27.53
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) [
	Broker	panon, cos uno (coe mondonono)		Colorado Benefit Adviso			
	Date 03/01/2025	Full name of contributor Meyer, Steven Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$27.53
		Centennial, TX 80112					
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Colorado Benefit Adviso			
	Date 04/01/2025	Full name of contributor Meyer, Steven Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$27.53
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Colorado Benefit Adviso			
	Date 04/09/2025	Full name of contributor Meyer, Steven Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.38
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Colorado Benefit Adviso			

	MONEI	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to cor	mplete this form.	1 Total pages Schedule A1: Sch: 76/129 Rpt: 79/142
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	National Ass	ociation of Benefit and Insurance Pro	fessionals - Texas PAC	00042577
4	Date 05/01/2025	Meyer, Steven		7 Amount of Contribution (\$) \$27.53
		Centennial, TX 80112		
8	Principal occu Broker	pation / Job title (See Instructions)	9 Employer (See Instructions) Colorado Benefit Advisor	
	Date 05/09/2025	Meyer, Steven Contributor address; City; State; Zip 0	of-state PAC (ID#:)	Amount of Contribution (\$) \$13.38
	Principal occu	Centennial, TX 80112 pation / Job title (See Instructions)	Employer (See Instructions)	
	Broker	pation / 300 title (See matrictions)	Colorado Benefit Advisor	
	Date 06/01/2025	Full name of contributor out-o Meyer, Steven Contributor address; City; State; Zip 0	of-state PAC (ID#:) Code	Amount of Contribution (\$) \$27.53
		Centennial, TX 80112		
	Principal occu Broker	pation / Job title (See Instructions)	Employer (See Instructions) Colorado Benefit Advisor	
	Date 06/09/2025	Full name of contributor out-o Meyer, Steven Contributor address; City; State; Zip C	of-state PAC (ID#:) Code	Amount of Contribution (\$) \$13.38
	Principal occu Broker	pation / Job title (See Instructions)	Employer (See Instructions) Colorado Benefit Advisor	
	Date 04/10/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	Amount of Contribution (\$) \$300.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)	Employer (See Instructions) TradeMark Insurace	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULI	A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 77/129 Rpt: 80/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 01/20/2025	5 Full name of contributor Miller, Derella Ann6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
		Tyler, TX 75701					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	9 Employer (See Instructions Hibbs Hallmark	s)		
	Date 02/20/2025	Full name of contributor Miller, Derella Ann Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Insurance Aç	gent		Hibbs Hallmark			
	Date 03/20/2025	Full name of contributor Miller, Derella Ann Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Tyler, TX 75701					
	Principal occu Insurance Aç	pation / Job title (See Instructions	s)	Employer (See Instructions Hibbs Hallmark	<u>I</u> 5)		
	Date 04/20/2025	Full name of contributor Miller, Derella Ann Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Hibbs Hallmark	5)		
	Date 05/20/2025	Full name of contributor Miller, Derella Ann Contributor address; City; S Tyler, TX 75701	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Hibbs Hallmark	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 78/129 Rpt: 81/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professio	onals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	ı Filers)
4	Date 06/20/2025	 Full name of contributor out-of-state Miller, Derella Ann Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
Ŭ	Insurance A			Hibbs Hallmark	,,		
	Date 01/12/2025	Full name of contributor out-of-state Mosley, Chris Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50
	Delicalization	Dallas, TX 75251		Fundament (Constructions	<u></u>		
	Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions TexCap Insurance	5)		
	Date 02/12/2025	Full name of contributor out-of-state Mosley, Chris Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251					
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions TexCap Insurance	5)		
	Date 03/12/2025	Mosley, Chris	PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions)		Employer (See Instructions TexCap Insurance	<u>I</u> S)		
	Date 04/12/2025	Full name of contributor out-of-state Mosley, Chris Contributor address; City; State; Zip Code Dallas, TX 75251)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions TexCap Insurance	5)		
	daranoc de		1	. Shoup mountino			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 79/129 Rpt: 82/142	
2	FILER NAME National Ass	sociation of Benefit and Insura	nce Professionals - Tex	kas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/12/2025	Full name of contributor Mosley, ChrisContributor address; City; State	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251					
8	Principal occu Insurance Sa	pation / Job title (See Instructions) ales)	9 Employer (See Instructions TexCap Insurance	s) 		
	Date 06/12/2025	Full name of contributor Mosley, Chris Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	Dallas, TX 75251 pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	Insurance Sa		,	TexCap Insurance	,		
	Date 01/20/2025	Full name of contributor Naylor, Candice Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Fritch, TX 79036					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent)	Employer (See Instructions Self	5)		
	Date 02/20/2025	Full name of contributor Naylor, Candice Contributor address; City; Sta				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent)	Employer (See Instructions Self	<u>(</u>		
	Date 03/20/2025	Full name of contributor Naylor, Candice Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions))	Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO)N	S		SCHEDULE	: A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 80/129 Rpt: 83/142	
2	FILER NAME National Ass	sociation of Benefit and Insurar	nce Professionals - Te	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/20/2025	Full name of contributor Naylor, Candice Contributor address; City; Sta	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Fritch, TX 79036 upation / Job title (See Instructions)) [9	Employer (See Instructions	 		
	Insurance Aç				Self			
	Date 05/20/2025	Full name of contributor Naylor, Candice Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$12.50
		Fritch, TX 79036				<u>L</u>		
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent	1		Employer (See Instructions Self	5)		
	Date 06/20/2025	Full name of contributor Naylor, Candice Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$12.50
		Fritch, TX 79036						
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)		Employer (See Instructions Self	5)		
	Date 01/30/2025	Full name of contributor Nieswiadomy, Meredith Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$13.38
	Principal occu Benefit Sales	upation / Job title (See Instructions))		Employer (See Instructions BenefitMall	<u> </u> 5)		
	Date 01/17/2025	Full name of contributor Oerman, Chad Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$15.00
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent			Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	N —	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 81/129 Rpt: 84/142	
2	FILER NAME National Ass	sociation of Benefit and Insurar	nce Professionals - Te:	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/17/2025	Full name of contributor Oerman, Chad Contributor address; City; State	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Houston, TX 77007)	9	Employer (See Instructions	<u> </u> 		
	Insurance A		´		Self	,,		
	Date 03/17/2025	Full name of contributor Oerman, Chad Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$15.00
		Houston, TX 77007	· T	_	- (O Lastwestians	Ĺ		
	Principal occu Insurance Aç	<pre>ipation / Job title (See Instructions) gent</pre>	,		Employer (See Instructions Self	5)		
	Date 04/17/2025	Full name of contributor Oerman, Chad Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$15.00
		Houston, TX 77007						
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)		Employer (See Instructions Self	5)		
	Date 05/17/2025	Full name of contributor Oerman, Chad Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$15.00
	Principal occu Insurance Aç	upation / Job title (See Instructions))		Employer (See Instructions Self	s)		
	Date 06/17/2025	Full name of contributor Oerman, Chad Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$15.00
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 82/129 Rpt: 85/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$6.25
_	Daine in a language	Spring, TX 77388	_	Fundament (Octobritation			
8	Insurance	pation / Job title (See Instructions)	9	Employer (See Instructions OneDigital	5)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_Olliver, Jamie Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$6.25
	Principal occu	Spring, TX 77388 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Insurance			OneDigital	-,		
	Date 03/20/2025	Full name of contributor)		Amount of Contribution (\$)	\$6.25
		Spring, TX 77388					
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions OneDigital	5)		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID#:_Olliver, Jamie Contributor address; City; State; Zip Code Spring, TX 77388)	•	Amount of Contribution (\$)	\$6.25
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions OneDigital	5)		
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID#:_Olliver, Jamie Contributor address; City; State; Zip Code Spring, TX 77388)	•	Amount of Contribution (\$)	\$6.25
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions OneDigital	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 83/129 Rpt: 86/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - 7	Геха	as PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 06/20/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$6.25
8	Dringinal occu	Spring, TX 77388 pation / Job title (See Instructions)	la.	Employer (See Instructions	<u>''</u>		
•	Insurance	pation / Job title (See instructions)	9	OneDigital	·)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID# Ott, Rick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.25
	Principal occu	Corpus Christi, TX 78403 pation / Job title (See Instructions)	_	Employer (See Instructions	s)		
	Insurance Aç	,		Self	-,		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID# Ott, Rick Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$6.25
		Corpus Christi, TX 78403					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	s)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#Ott, Rick Contributor address; City; State; Zip Code Corpus Christi, TX 78403			•	Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID# Ott, Rick Contributor address; City; State; Zip Code Corpus Christi, TX 78403				Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
			ı				

	MONEI	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 84/129 Rpt: 87/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	exas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/20/2025	5 Full name of contributorOtt, Rick6 Contributor address; City; Si)	7	Amount of Contribution (\$)	\$6.25
_	Deireinele	Corpus Christi, TX 78403		In Facility of Contracting			
8	Insurance Aç	pation / Job title (See Instructions gent	5)	9 Employer (See Instructions Self	s)		
	Date 06/20/2025	Full name of contributor Ott, Rick Contributor address; City; Si				Amount of Contribution (\$)	\$6.25
	Principal occu	Corpus Christi, TX 78403 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
	Insurance Aç	gent		Self			
	Date 01/20/2025	Full name of contributor Pancerz, Claire Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Holmes Murphy & Asso	•	res	
	Date 02/20/2025	Full name of contributor Pancerz, Claire Contributor address; City; Si)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	Dallas, TX 75251 pation / Job title (See Instructions gent	s)	Employer (See Instructions Holmes Murphy & Asso		es	
	Date 03/20/2025	Full name of contributor Pancerz, Claire Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions	s)	Employer (See Instructions Holmes Murphy & Asso		rac	
	Insurance Aç	gont		Tionnes wurptly & ASSU	-Cial		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 85/129 Rpt: 88/142	
2	FILER NAME				1	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	ınce Professionals - Te	xas PAC	╄	00042577	
4	Date 04/20/2025	5 Full name of contributor Pancerz, Claire6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Dallas, TX 75251					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	<u>l</u> s)		
	Insurance Aç		,	Holmes Murphy & Asso		es	
	Date	Full name of contributor	out-of-state PAC (ID#:_	```	Т	Amount of Contribution (\$)	
	01/19/2025	Parkey, Sarah	Under of State 1 AC (ID#			γιποαπε οι Continbation (φ)	\$12.50
	01/13/2023	Contributor address; City; S	tate: 7in Code		.		Ψ12.50
		Contributor address, City, C	idie, Zip Oode				
	D: : 1	Corpus Christi, TX 78451		- 1 (O 1 : :	<u></u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Insurance Aç	jeni 		Carlisle Insurance Agen	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#40.50
	01/20/2025	Perryman, Melissa			.		\$12.50
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78730					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Insurance Ag		•	Self	-,		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)	
	02/20/2025	Perryman, Melissa	Under our state PAC (ID#	J		Amount of Continuation (4)	\$12.50
	02/20/2020	Contributor address; City; S	tata: 7in Coda		.		Ψ12.00
		Contributor address, City, 5	iale, zip code				
		Austin, TX 78730					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Insurance Aç	gent		Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/20/2025	Perryman, Melissa					\$12.50
		Contributor address; City; S	tate; Zip Code		1		
		Austin, TX 78730	<u>, </u>		<u> </u>		
		pation / Job title (See Instructions	S)	Employer (See Instructions	s)		
	Insurance Aç	gent ————————————————————————————————————		Self			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 86/129 Rpt: 89/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 04/20/2025	5 Full name of contributor Perryman, Melissa6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Austin, TX 78730					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9 Employer (See Instruction Self	s)		
	Date 05/20/2025	Full name of contributor Perryman, Melissa Contributor address; City; St Austin, TX 78730	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>l</u> s)		
	Insurance Aç	gent		Self			
	Date 06/20/2025	Full name of contributor Perryman, Melissa Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
		Austin, TX 78730					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instruction Self	s)		
	Date 01/20/2025	Full name of contributor Phifer, Joe Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instruction Sun Life Financial	s)		
	Date 02/20/2025	Full name of contributor Phifer, Joe Contributor address; City; St Dallas, TX 75219	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent		Employer (See Instruction Sun Life Financial	s)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 87/129 Rpt: 90/142	
2	FILER NAME		. Bufusianta Tana	. 840	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insurance	_			00042577	
4	Date 03/20/2025	5 Full name of contributor Phifer, Joe6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Dallas, TX 75219					
8		pation / Job title (See Instructions)	9	Employer (See Instructions Sun Life Financial)		
	Insurance Aç			Suil Life Fillancial			
	Date 04/20/2025	Full name of contributor Phifer, Joe Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Dallas, TX 75219					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	gent ————————————————————————————————————		Sun Life Financial			
	Date 05/20/2025	Full name of contributor Phifer, Joe Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$12.50
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	gent		Sun Life Financial			
	Date 06/20/2025	Full name of contributor Phifer, Joe Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Sun Life Financial)		
	Date 01/02/2025	Full name of contributor Pleasants, Jennifer Contributor address; City; State Corpus Christi, TX 78414	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Account Mar	nager		UnitedHealthcare Emplo	ye	r & Individual	

	MONEI	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 88/129 Rpt: 91/142
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals -	- Texas PAC	3 Filer ID (Ethics Commission Filers) 00042577
4	Date 02/02/2025	 Full name of contributor out-of-state PAC (IE Pleasants, Jennifer Contributor address; City; State; Zip Code 	D#:)	7 Amount of Contribution (\$) \$25.00
		Corpus Christi, TX 78414		
8	Principal occu Account Mar	_	9 Employer (See Instructions UnitedHealthcare Empl	oyer & Individual
	Date 03/02/2025	Full name of contributor out-of-state PAC (IE Pleasants, Jennifer Contributor address; City; State; Zip Code Corpus Christi, TX 78414	D#:)	Amount of Contribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Account Mar	nager	UnitedHealthcare Empl	oyer & Individual
	Date 04/02/2025	Full name of contributor out-of-state PAC (IE Pleasants, Jennifer Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$25.00
	Dringing	Corpus Christi, TX 78414	Franks var (Can Instruction	
	Account Mar	pation / Job title (See Instructions) nager	Employer (See Instructions UnitedHealthcare Empl	, and the second
	Date 05/02/2025	Full name of contributor out-of-state PAC (IE Pleasants, Jennifer Contributor address; City; State; Zip Code Corpus Christi, TX 78414	D#:)	Amount of Contribution (\$) \$25.00
	Principal occu Account Mar	pation / Job title (See Instructions)	Employer (See Instructions UnitedHealthcare Empl	
	Date 06/02/2025	Full name of contributor out-of-state PAC (IE Pleasants, Jennifer Contributor address; City; State; Zip Code Corpus Christi, TX 78414		Amount of Contribution (\$) \$25.00
		pation / Job title (See Instructions)	Employer (See Instructions	
	Account Mar	iayei	UnitedHealthcare Empl	oyei & muividual

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 89/129 Rpt: 92/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professiona	als - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/19/2025	 Full name of contributor out-of-state PAR Rasmussen, Reid Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
_	5	Mckinney, TX 75071	la la	5 1 (0 1 1 1	_		
8	Agent	pation / Job title (See Instructions)	9	Employer (See Instructions fresh benies	5)		
	Date 02/19/2025	Full name of contributor out-of-state PA Rasmussen, Reid Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu	Mckinney, TX 75071 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Agent	, ,		fresh benies	,		
	Date 03/19/2025	Full name of contributor out-of-state PA Rasmussen, Reid Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$12.50
		Mckinney, TX 75071					
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions fresh benies	5)		
	Date 04/19/2025	Full name of contributor out-of-state PA Rasmussen, Reid Contributor address; City; State; Zip Code Mckinney, TX 75071)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions fresh benies	5)		
	Date 05/19/2025	Full name of contributor out-of-state PA Rasmussen, Reid Contributor address; City; State; Zip Code Mckinney, TX 75071	AC (ID#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions fresh benies	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 90/129 Rpt: 93/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	ınce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 06/19/2025	5 Full name of contributor Rasmussen, Reid6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
8	Dringinal occu	Mckinney, TX 75071 pation / Job title (See Instruction		<u> </u>	Employer (See Instructions	·,		
•	Agent	pation 7 300 title (See instruction	5)	<u> </u>	fresh benies	•)		
	Date 01/20/2025	Full name of contributor Reynolds, Caleb Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78748 pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> 5)		
	Insurance A	gent	,		Self			
	Date 02/20/2025	Full name of contributor Reynolds, Caleb Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78748						
	Principal occu Insurance Aç	pation / Job title (See Instruction gent	5)		Employer (See Instructions Self	5)		
	Date 03/20/2025	Full name of contributor Reynolds, Caleb Contributor address; City; S Austin, TX 78748)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instruction gent	5)		Employer (See Instructions Self	<u>(</u>		
	Date 04/20/2025	Full name of contributor Reynolds, Caleb Contributor address; City; S Austin, TX 78748)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instruction gent	5)		Employer (See Instructions Self	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 91/129 Rpt: 94/142	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	National Ass	ociation of Benefit and Insura	nce Professionals - Te	xas PAC		00042577	
4	Date 05/20/2025	5 Full name of contributor Reynolds, Caleb6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Austin, TX 78748 pation / Job title (See Instructions	5)	9 Employer (See Instruc	tions)		
•	Insurance Aç		-,	Self			
	Date 06/20/2025	Full name of contributor Reynolds, Caleb Contributor address; City; S Austin, TX 78748	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instruc	l tions)		
	Insurance Aç	gent		Self			
	Date 01/20/2025	Full name of contributor Richiuso, Christine Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$12.50
		Murphy, TX 75094					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	6)	Employer (See Instruc Self	tions)		
	Date 02/20/2025	Full name of contributor Richiuso, Christine Contributor address; City; S Murphy, TX 75094	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instruc	tions)		
	Date 03/20/2025	Full name of contributor Richiuso, Christine Contributor address; City; S Murphy, TX 75094	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instruc Self	tions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains hov	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 92/129 Rpt: 95/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/20/2025	5 Full name of contributor Richiuso, Christine6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Murphy, TX 75094 pation / Job title (See Instructions	5)	9	Employer (See Instructions	<u> </u>		
	Insurance Ag		,		Self	,		
	Date 05/20/2025	Full name of contributor Richiuso, Christine Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
	Dringing! aggu	Murphy, TX 75094		_	Employer (Co.) Instructions	<u></u>		
	Insurance Ag	pation / Job title (See Instructions gent	o)		Employer (See Instructions Self	o)		
	Date 06/20/2025	Full name of contributor Richiuso, Christine Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Murphy, TX 75094		_				
	Principal occup	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	s)		
	Date 01/20/2025	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; S El Paso, TX 79912				•	Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Houghton Financial Par		rs	
	Date 02/20/2025	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; S El Paso, TX 79912	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions	5)		Employer (See Instructions		re	
	Insurance Aç	yciit.		<u> </u>	Houghton Financial Par	u 1 0	13	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 93/129 Rpt: 96/142	
2	FILER NAME			DAG	3 Filer ID (Ethics Commission Fi	lers)
		ociation of Benefit and Insura		Kas PAC	00042577	
4	Date 03/20/2025	5 Full name of contributor Rios-Carl, Elizabeth6 Contributor address; City; St	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$25.00
		El Paso, TX 79912				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Insurance Ag	gent		Houghton Financial Part	rtners	
	Date 04/20/2025	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		Amount of Contribution (\$)	\$25.00
		El Paso, TX 79912				
		pation / Job title (See Instructions)	Employer (See Instructions		
	Insurance Aç	gent ————————————————————————————————————		Houghton Financial Part	rtners	
	Date 05/20/2025	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; St	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$25.00
		El Paso, TX 79912				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Insurance Aç	gent		Houghton Financial Part	rtners	
	Date 06/20/2025	Full name of contributor Rios-Carl, Elizabeth Contributor address; City; St El Paso, TX 79912	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Houghton Financial Part		
	Date 01/20/2025	Full name of contributor Rivera, Marisa Contributor address; City; St McAllen, TX 78501	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions One Digital	s)	

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 94/129 Rpt: 97/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals	s - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 02/20/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$12.50
8	Principal occur	McAllen, TX 78501 pation / Job title (See Instructions)	- Ig	Employer (See Instructions	z) 		
0	Insurance Ag			One Digital	>)		
	Date 03/20/2025	Full name of contributor out-of-state PAC Rivera, Marisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
	Dringing! aggu	McAllen, TX 78501		Employer (See Instruction	<u></u>		
	Insurance Ag	pation / Job title (See Instructions) gent		Employer (See Instructions One Digital	5)		
	Date 04/20/2025	Full name of contributor out-of-state PAC Rivera, Marisa Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$12.50
		McAllen, TX 78501					
	Principal occup	pation / Job title (See Instructions) gent		Employer (See Instructions One Digital	5)		
	Date 05/20/2025	Full name of contributor out-of-state PAC Rivera, Marisa Contributor address; City; State; Zip Code McAllen, TX 78501)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions One Digital	<u> </u> s)		
	Date 06/20/2025	Full name of contributor out-of-state PAC Rivera, Marisa Contributor address; City; State; Zip Code McAllen, TX 78501				Amount of Contribution (\$)	\$12.50
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions One Digital	s)		
		•					

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this for	m.	1	Total pages Schedule A1: Sch: 95/129 Rpt: 98/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Profession	nals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 01/20/2025	 Full name of contributor out-of-state F			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Houston, TX 77040 pation / Job title (See Instructions)	l q	Employer (See Instructions	<u>:)</u>		
Ŭ	Insurance Ag			Newkirk & Newkirk	,		
	Date 02/20/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occur	Houston, TX 77040 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Insurance Ag			Newkirk & Newkirk	-,		
	Date 03/20/2025	Full name of contributor out-of-state F Rivera, Mike Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77040					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Newkirk & Newkirk	5)		
	Date 04/20/2025	Full name of contributor out-of-state File Rivera, Mike Contributor address; City; State; Zip Code Houston, TX 77040)		Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Newkirk & Newkirk	<u>l</u> S)		
	Date 05/20/2025	Full name of contributor out-of-state F Rivera, Mike Contributor address; City; State; Zip Code Houston, TX 77040)		Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Newkirk & Newkirk	5)		
	msulance Aç	yont		INCUMITA & INCUMITA			

	MONET	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 96/129 Rpt: 99/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Texa	as PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 06/20/2025	5 Full name of contributor Rivera, Mike6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77040 pation / Job title (See Instructions) [9	Employer (See Instructions	s)		
Ŭ	Insurance A		,	Newkirk & Newkirk	3)		
	Date 01/15/2025	Full name of contributor Roberts, Danielle Contributor address; City; St				Amount of Contribution (\$)	\$12.50
		Fort Worth, TX 76108					
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Boomer Benefits	s)		
	Date 02/15/2025	Full name of contributor Roberts, Danielle Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$12.50
		Fort Worth, TX 76108					
	Principal occu Owner	pation / Job title (See Instructions		Employer (See Instructions Boomer Benefits	s)		
	Date 03/15/2025	Full name of contributor Roberts, Danielle Contributor address; City; St Fort Worth, TX 76108)		Amount of Contribution (\$)	\$12.50
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Boomer Benefits	s)		
	Date 04/15/2025	Full name of contributor Roberts, Danielle Contributor address; City; St Fort Worth, TX 76108	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Boomer Benefits	s)		
			-				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 97/129 Rpt: 100/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/15/2025	 Full name of contributor out-of-state PAC (ID#:_Roberts, Danielle Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Fort Worth, TX 76108 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Owner Date 06/15/2025	Contributor address; City; State; Zip Code		Boomer Benefits	•	Amount of Contribution (\$)	\$12.50
	Principal occu Owner	Fort Worth, TX 76108 pation / Job title (See Instructions)		Employer (See Instructions Boomer Benefits	<u> </u> s)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:_ Robinson, Judith Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Insurance Aç	gent		Self			
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_Robinson, Judith Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	Tyler, TX 75703 pation / Job title (See Instructions) gent		Employer (See Instructions	<u> </u> s)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#:_ Robinson, Judith Contributor address; City; State; Zip Code Tyler, TX 75703	<u></u>			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 98/129 Rpt: 101/142	
2	FILER NAME			5.4.0	3	Filer ID (Ethics Commission	n Filers)
		ociation of Benefit and Insura		xas PAC	╙	00042577	
4	Date 04/20/2025	5 Full name of contributor Robinson, Judith6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7 	Amount of Contribution (\$)	\$25.00
		Tyler, TX 75703					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	9 Employer (See Instruction Self	s)		
	Date 05/20/2025	Full name of contributor Robinson, Judith Contributor address; City; St Tyler, TX 75703	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Insurance Aç	gent		Self			
	Date 06/20/2025	Full name of contributor Robinson, Judith Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Tyler, TX 75703					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instruction Self	s)		
	Date 01/20/2025	Full name of contributor Rolf, Rita Contributor address; City; St Allen, TX 75013	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Ag	pation / Job title (See Instructions gent)	Employer (See Instruction TexCap Insurance Serv		s	
	Date 02/06/2025	Full name of contributor Rolf, Rita Contributor address; City; St Allen, TX 75013	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instruction TexCap Insurance Serv		s	
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 99/129 Rpt: 102/142	
2	FILER NAME	anisting of Deposits and Income	Duefa asienala Tau	PAC	3 Filer ID (Ethics Commission F	ilers)
		ociation of Benefit and Insurar		as PAC	00042577	
4	Date 02/20/2025	Full name of contributor Rolf, Rita Contributor address; City; Sta	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$12.50
		Allen, TX 75013				
8	Principal occu	pation / Job title (See Instructions)	Ş	Employer (See Instructions	3)	
	Insurance Ag	gent		TexCap Insurance Serv	ices	
	Date 03/20/2025	Full name of contributor Rolf, Rita Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$12.50
	<u> </u>	Allen, TX 75013		-	,	
		pation / Job title (See Instructions)		Employer (See Instructions		
	Insurance Aç	Jeni		TexCap Insurance Serv		
	Date 04/20/2025	Full name of contributor Rolf, Rita Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$12.50
		Allen, TX 75013				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Insurance Aç	gent		TexCap Insurance Serv	ices	
	Date 05/20/2025	Full name of contributor Rolf, Rita Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	3)	
	Insurance Aç	gent		TexCap Insurance Serv	ices	
	Date 06/20/2025	Full name of contributor Rolf, Rita Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	Amount of Contribution (\$)	\$12.50
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Insurance Aç			TexCap Insurance Serv		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 100/129 Rpt: 103/142	2
2	FILER NAME National Ass	ociation of Benefit and Insurance	Professionals - Texas	S PAC	3	Filer ID (Ethics Commission 00042577	n Filers)
4	Date 02/27/2025	5 Full name of contributor Rosen, Charles6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Prosper, TX 75078 pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Broker	patient, cos tillo (coe molitacións)	ľ	CPR Financial & Insurar		Services, Inc.	
	Date 01/11/2025	Full name of contributor Salazar, Veronica Contributor address; City; State;)		Amount of Contribution (\$)	\$12.00
		Kingwood, TX 77339					
	Principal occu Business Ad	pation / Job title (See Instructions) visor		Employer (See Instructions G & A Partners	()		
	Date 02/11/2025	Full name of contributor Salazar, Veronica Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.00
	Deinsinal assu	Kingwood, TX 77339		Franksian (Cook batwatiana	_		
	Business Ad	pation / Job title (See Instructions) visor		Employer (See Instructions G & A Partners)		
	Date 01/20/2025	Scott, Nicole)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions)		Employer (See Instructions United Healthcare	<u>(</u>		
	Date 02/20/2025	Full name of contributor Scott, Nicole Contributor address; City; State; San Antonio, TX 78249	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions)		Employer (See Instructions United Healthcare	i)		
			I				

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 101/129 Rpt: 104/142	2
2	FILER NAME National Ass	ociation of Benefit and Insurance Professi	ionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/20/2025	 5 Full name of contributor out-of-state Scott, Nicole 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
8	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
	Insurance Sa			United Healthcare	,		
	Date 04/20/2025	Scott, Nicole)		Amount of Contribution (\$)	\$12.50
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Insurance Sa	`		United Healthcare	')		
	Date 05/20/2025	Scott, Nicole	e PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78249					
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions United Healthcare	5)		
	Date 06/20/2025	Scott, Nicole)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Sa	pation / Job title (See Instructions) ales		Employer (See Instructions United Healthcare	5)		
	Date 01/15/2025	Sherman, Joe)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)		Employer (See Instructions The Insurance Exchang			
	Insurance A	yont.		THE ITSUITABLE EXCITABLE	-		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 102/129 Rpt: 105/142	2
2	FILER NAME		But i T.	BAG	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insuran		as PAC		00042577	
4	Date 02/15/2025	5 Full name of contributorSherman, Joe6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Dallas, TX 75248					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	()		
	Insurance Aç	gent		The Insurance Exchang	е		
	Date 03/15/2025	Full name of contributor Sherman, Joe Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Dallas, TX 75248			L		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç			The Insurance Exchang	е —		
	Date 04/15/2025	Full name of contributor Sherman, Joe Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Dallas, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	gent		The Insurance Exchang	е		
	Date 05/15/2025	Full name of contributor Sherman, Joe Contributor address; City; Sta Dallas, TX 75248	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	-	pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	gent		The Insurance Exchang	<u>е</u>		
	Date 06/15/2025	Full name of contributor Sherman, Joe Contributor address; City; Sta Dallas, TX 75248	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		The Insurance Exchang	е		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this forr	m.	1	Total pages Schedule A1: Sch: 103/129 Rpt: 106/142)
2	FILER NAME National Ass	ociation of Benefit and Insurance Pr	rofessionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2025	Smith, Craig	t-of-state PAC (ID#: o Code		7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Tyler, TX 75703 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>.</u>		
	Insurance Aç			Ark Assurance	,		
	Date 02/20/2025	Smith, Craig Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$12.50
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Insurance Aç	,		Ark Assurance	,		
	Date 03/20/2025	Full name of contributor out Smith, Craig Contributor address; City; State; Zip				Amount of Contribution (\$)	\$12.50
		Tyler, TX 75703					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Ark Assurance	()		
	Date 04/20/2025	Smith, Craig				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Ark Assurance	<u> </u>		
	Date 05/20/2025	Full name of contributor out Smith, Craig Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Ark Assurance	;)		
		-					

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	olete this for	n.	1	Total pages Schedule A1: Sch: 104/129 Rpt: 107/142	2
2	FILER NAME National Ass	ociation of Benefit and Insurance Profes	ssionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 06/20/2025	Smith, Craig 6 Contributor address; City; State; Zip Cod	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Ark Assurance			
	Date 01/20/2025	Smith, Mike				Amount of Contribution (\$)	\$25.00
	Principal occu	Lewisville, TX 75057 pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A			The Brokerage, Inc.	')		
	Date 02/20/2025	Full name of contributor out-of-st Smith, Mike Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Lewisville, TX 75057					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions The Brokerage, Inc.	i)		
	Date 03/20/2025	Smith, Mike)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions The Brokerage, Inc.)		
	Date 04/20/2025	Smith, Mike)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions The Brokerage, Inc.)		
		,		, 			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 105/129 Rpt: 108/142	2
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insura	ince Professionals - Tei	xas PAC	L	00042577	
4	Date 05/20/2025	5 Full name of contributor Smith, Mike6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Lewisville, TX 75057					
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	9 Employer (See Instructions The Brokerage, Inc.	5)		
	Date 06/20/2025	Full name of contributor Smith, Mike Contributor address; City; S Lewisville, TX 75057	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	nation / Job title (See Instructions	5)	Employer (See Instructions	<u>l</u> 5)		
	Insurance Aç	gent		The Brokerage, Inc.			
	Date 01/20/2025	Full name of contributor Splawn, W. Craig Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77077					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Splawn & Associates	5)		
	Date 02/20/2025	Full name of contributor Splawn, W. Craig Contributor address; City; S Houston, TX 77077	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	Employer (See Instructions Splawn & Associates	5)		
	Date 03/20/2025	Full name of contributor Splawn, W. Craig Contributor address; City; S Houston, TX 77077	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$30.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)	Employer (See Instructions Splawn & Associates	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	: A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 106/129 Rpt: 109/142	
2	FILER NAME National Ass	sociation of Benefit and Insura	nce Professionals - Te>	kas PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 04/20/2025	5 Full name of contributor Splawn, W. Craig6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Houston, TX 77077 upation / Job title (See Instructions	;) [·	9 Employer (See Instructions	 		
	Insurance Aç	gent		Splawn & Associates			
	Date 05/20/2025	Full name of contributor Splawn, W. Craig Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77077	 		Ĺ		
	Principal occu Insurance A	ipation / Job title (See Instructions)	Employer (See Instructions Splawn & Associates	6)		
	Date	Full name of contributor	——————————————————————————————————————	Spiawi & Associates	Г	Amount of Contribution (\$)	
	06/20/2025	Splawn, W. Craig Contributor address; City; St	out-of-state PAC (ID#:			Amount of Continuation (4)	\$30.00
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	<u>L</u> S)		
	Insurance Aç	gent		Splawn & Associates			
	Date 01/20/2025	Full name of contributor Stair, B. Gene Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$7.50
	Principal occu Insurance Aç	pation / Job title (See Instructions))	Employer (See Instructions Stair & Associates LLC	5)		
	Date 02/20/2025	Full name of contributor Stair, B. Gene Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.50
	Principal occu Insurance Aç	upation / Job title (See Instructions gent)	Employer (See Instructions Stair & Associates LLC	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 107/129 Rpt: 110/142	
2	FILER NAME National Ass	ociation of Benefit and Insuranc	ce Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/20/2025	5 Full name of contributorStair, B. Gene6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$7.50
8	Dringinal occu	Austin, TX 78738 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/-		
0	Insurance A		9	Stair & Associates LLC	•)		
	Date 04/20/2025	Full name of contributor Stair, B. Gene Contributor address; City; Stat)		Amount of Contribution (\$)	\$7.50
	Principal occu	Austin, TX 78738 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Stair & Associates LLC			
	Date 05/20/2025	Full name of contributor Stair, B. Gene Contributor address; City; Stat				Amount of Contribution (\$)	\$7.50
		Austin, TX 78738					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Stair & Associates LLC	5)		
	Date 06/20/2025	Full name of contributor Stair, B. Gene Contributor address; City; Stat Austin, TX 78738				Amount of Contribution (\$)	\$7.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Stair & Associates LLC	5)		
	Date 01/20/2025	Full name of contributor Stanley, Jennifer Contributor address; City; Stat Frisco, TX 75033	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Marsh & McLennan	5)		
	moditation A(,	L	maion a motorman			

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 108/129 Rpt: 111/142)
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2025	5 Full name of contributor Stanley, Jennifer6 Contributor address; City; Stanley	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
_	Deinsinal sass	Frisco, TX 75033		Franks on (Cook bathwetis no	<u></u>		
8	Insurance Aç	pation / Job title (See Instructions gent	9	Employer (See Instructions Marsh & McLennan	5)		
	Date 03/20/2025	Full name of contributor Stanley, Jennifer Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Frisco, TX 75033 pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> 5)		
	Insurance Aç	gent		Marsh & McLennan			
	Date 04/20/2025	Full name of contributor Stanley, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Frisco, TX 75033					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	1.	Employer (See Instructions Marsh & McLennan	5)		
	Date 05/20/2025	Full name of contributor Stanley, Jennifer Contributor address; City; Sta)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Marsh & McLennan	<u>I</u> S)		
	Date 06/20/2025	Full name of contributor Stanley, Jennifer Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions		Employer (See Instructions Marsh & McLennan	5)		
		-					

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this f	orn	m.	1	Total pages Schedule A1: Sch: 109/129 Rpt: 112/142	2
2	FILER NAME		5 (: 1 -		5.0	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insura	ince Professionals - Te	exas	S PAC	L	00042577	
4	Date 01/03/2025	5 Full name of contributor Stockstill, Beckie6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			7	Amount of Contribution (\$)	\$12.50
		Deer Park, TX 77536						
8	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)	9	Employer (See Instructions Self	5)		
	Date 02/03/2025	Full name of contributor Stockstill, Beckie Contributor address; City; S Deer Park, TX 77536	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent			Self			
	Date 03/03/2025	Full name of contributor Stockstill, Beckie Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
		Deer Park, TX 77536						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions	5)		
	Date 04/03/2025	Full name of contributor Stockstill, Beckie Contributor address; City; S Deer Park, TX 77536	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	s)		Employer (See Instructions	<u>l</u> 5)		
	Date 05/03/2025	Full name of contributor Stockstill, Beckie Contributor address; City; S Deer Park, TX 77536	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 110/129 Rpt: 113/142	!
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 06/03/2025	5 Full name of contributor Stockstill, Beckie6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions	(3)	9	Employer (See Instructions	<u> </u>		
•	Insurance Ag		,,		Self	,		
	Date 01/20/2025	Full name of contributor Stokes Lee, Susan Contributor address; City; S					Amount of Contribution (\$)	\$25.00
		Spring, TX 77389				<u> </u>		
	Principal occup Insurance Ag	pation / Job title (See Instructions gent	s)		Employer (See Instructions Self	5)		
	Date 02/20/2025	Full name of contributor Stokes Lee, Susan Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Dringing coou	Spring, TX 77389	.,		Employer (See Instructions	<u>, </u>		
	Insurance Aç	pation / Job title (See Instructions gent	5)		Self	·)		
	Date 03/20/2025	Full name of contributor Stokes Lee, Susan Contributor address; City; S Spring, TX 77389	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Date 04/20/2025	Full name of contributor Stokes Lee, Susan Contributor address; City; S Spring, TX 77389	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions	s)		Employer (See Instructions Self	5)		
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	MONET	ARY POLITICAL C	ONTRIBUTIO	Ν	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 111/129 Rpt: 114/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	kas	S PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/20/2025	5 Full name of contributor Stokes Lee, Susan6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Spring, TX 77389 pation / Job title (See Instructions)	, <u> </u>	9	Employer (See Instructions	(s)		
	Insurance Aç			_	Self	,,		
	Date 06/20/2025	Full name of contributor Stokes Lee, Susan Contributor address; City; Sta					Amount of Contribution (\$)	\$25.00
	Dringing aggr	Spring, TX 77389 pation / Job title (See Instructions			Employer (See Instructions	<u></u>		
	Insurance Aç	`			Employer (See Instructions Self	»)		
	Date 01/20/2025	Full name of contributor Stubbs, Clifton Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Frisco, TX 75035						
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent			Employer (See Instructions Self	s)		
	Date 01/28/2025	Full name of contributor Stubbs, Clifton Contributor address; City; Sta					Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)			Employer (See Instructions Self	<u>l</u> 5)		
	Date 02/20/2025	Full name of contributor Stubbs, Clifton Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)			Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	Ν	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 112/129 Rpt: 115/142	
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Te	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/28/2025	5 Full name of contributor Stubbs, Clifton6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Frisco, TX 75035 pation / Job title (See Instructions)		<u> </u>	Employer (See Instructions	-, 		
0	Insurance A			9	Self	·)		
	Date 03/20/2025	Full name of contributor Stubbs, Clifton Contributor address; City; Sta)		Amount of Contribution (\$)	\$12.50
	Principal occu	Frisco, TX 75035 pation / Job title (See Instructions)			Employer (See Instructions	<u> </u>		
	Insurance Aç	gent			Self			
	Date 03/28/2025	Full name of contributor Stubbs, Clifton Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code				Amount of Contribution (\$)	\$12.50
		Frisco, TX 75035						
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent			Employer (See Instructions Self	s)		
	Date 04/20/2025	Full name of contributor Stubbs, Clifton Contributor address; City; Sta Frisco, TX 75035)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent			Employer (See Instructions Self	5)		
	Date 04/28/2025	Full name of contributor Stubbs, Clifton Contributor address; City; Sta	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent			Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 113/129 Rpt: 116/142	2
2	FILER NAME National Ass	ociation of Benefit and Insurance	e Professionals - Texa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/20/2025	5 Full name of contributor Stubbs, Clifton6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Frisco, TX 75035 pation / Job title (See Instructions)	l _a	Employer (See Instructions	<u>s)</u>		
Ū	Insurance Ag			Self	٠,		
	Date 05/28/2025	Full name of contributor Stubbs, Clifton Contributor address; City; State)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	Frisco, TX 75035 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	,		Self	-,		
	Date 06/28/2025	Full name of contributor Stubbs, Clifton Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
		Frisco, TX 75035					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 06/20/2025	Full name of contributor Stubbs, Clifton Contributor address; City; State Dallas, TX 75287	out-of-state PAC (ID#:;		•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Rhythm Insurance	5)		
	Date 01/20/2025	Full name of contributor Sullivan, Audra Contributor address; City; State Arlington, TX 76006	out-of-state PAC (ID#: ; Zip Code)	•	Amount of Contribution (\$)	\$6.25
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	5)		
		-					

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 114/129 Rpt: 117/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance P	rofessionals - Texas	S PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2025	Sullivan, Audra	ut-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$6.25
_	Dringing Lagor	Arlington, TX 76007	lo.	Frankrian (Cookarationa	_		
8	Insurance Aç	pation / Job title (See Instructions) pent	9	Employer (See Instructions Vogue Insurance	5)		
	Date 03/20/2025	Sullivan, Audra Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$6.25
	Principal occur	Arlington, TX 76007 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Insurance Ag			Vogue Insurance	,		
	Date 04/20/2025	Full name of contributor ou Sullivan, Audra Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$6.25
		Arlington, TX 76007					
	Principal occup	pation / Job title (See Instructions) gent		Employer (See Instructions Vogue Insurance)		
	Date 05/20/2025	Full name of contributor ou ou Sullivan, Audra Contributor address; City; State; Zi Arlington, TX 76007	p Code)		Amount of Contribution (\$)	\$6.25
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	5)		
	Date 06/20/2025	Full name of contributor ou Sullivan, Audra Contributor address; City; State; Zi Arlington, TX 76007	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$6.25
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	()		
		,		- 5-1			

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 115/129 Rpt: 118/142	
2	FILER NAME National Ass	ociation of Benefit and Insurance Professionals - Te	exa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/24/2025	 Full name of contributor out-of-state PAC (ID#:_Sullivan, Nicole Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Dringinal occu	Arlington, TX 76006 pation / Job title (See Instructions)	٦	Employer (See Instructions	·,		
•	Insurance		9	Vogue Insurance	·)		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_ Sullivan, Nicole Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50
	Deire sin al access	Arlington, TX 76006	_	Fanda and (Carabantan times	<u></u>		
	Insurance	pation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	5)		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_ Sullivan, Nicole Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Arlington, TX 76006					
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	s)		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_Sullivan, Nicole Contributor address; City; State; Zip Code Arlington, TX 76006)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	5)		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_Sullivan, Nicole Contributor address; City; State; Zip Code Arlington, TX 76006)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance	oation / Job title (See Instructions)		Employer (See Instructions Vogue Insurance	s)		

	MONEI	ARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to comp	olete this form.	1 Total pages Schedule A1: Sch: 116/129 Rpt: 119/142
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	National Ass	ociation of Benefit and Insurance Profes	ssionals - Texas PAC	00042577
4	Date 01/24/2025	 Full name of contributor out-of-st Sullivan, Nicole Contributor address; City; State; Zip Coo 	7 Amount of Contribution (\$) \$12.50	
_	Drive in all and	Arlington, TX 76006	la Fanlanci (Octobration	
8	Insurance	pation / Job title (See Instructions)	9 Employer (See Instruction Vogue Insurance	15)
	Date 01/20/2025	Full name of contributor out-of-st Swanson, Cynthia Contributor address; City; State; Zip Cod	ate PAC (ID#:)	Amount of Contribution (\$)
		Tyler, TX 75711		
		pation / Job title (See Instructions)	Employer (See Instruction	
	Insurance Aç	jent 	Hibbs Hallmark & Con	ipany
	Date 02/20/2025	Full name of contributor out-of-st Swanson, Cynthia Contributor address; City; State; Zip Cod	ate PAC (ID#:)	Amount of Contribution (\$) \$12.50
		Tyler, TX 75711		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	l ns)
	Insurance Aç	jent	Hibbs Hallmark & Con	
	Date 03/20/2025	Full name of contributor out-of-st Swanson, Cynthia Contributor address; City; State; Zip Cod Tyler, TX 75711	de	Amount of Contribution (\$)
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	Employer (See Instruction Hibbs Hallmark & Com	
	Date 04/20/2025	Full name of contributor out-of-st Swanson, Cynthia Contributor address; City; State; Zip Cod Tyler, TX 75711	de	Amount of Contribution (\$)
		pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Insurance Aç	gent	Hibbs Hallmark & Con	pany

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 117/129 Rpt: 120/142	
2		sociation of Benefit and Insurar	nce Professionals - Te	xas PAC	3 Filer ID (Ethics Commission F 00042577	-ilers)
4	Date 05/20/2025	5 Full name of contributor Swanson, Cynthia6 Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$12.50
8	Principal occu	Tyler, TX 75711 upation / Job title (See Instructions))	9 Employer (See Instructions	s)	
	Insurance Aç			Hibbs Hallmark & Comp		
	Date 06/20/2025	Full name of contributor Swanson, Cynthia Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$)	\$12.50
L		Tyler, TX 75711				
		upation / Job title (See Instructions))	Employer (See Instructions Hibbs Hallmark & Comp		
	Insurance Aç			HIDDS Hallinark & Comp		
	Date 01/20/2025	Full name of contributor Sypert, Steve Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$)	\$12.50
	1	Lubbock, TX 79464				
	Principal occu Insurance Aç	I upation / Job title (See Instructions))	Employer (See Instructions	<u>I</u> §)	
	Date 02/20/2025	Full name of contributor Sypert, Steve Contributor address; City; Sta Lubbock, TX 79464			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent)	Employer (See Instructions Self	5)	
	Date 03/20/2025	Full name of contributor Sypert, Steve Contributor address; City; Sta Lubbock, TX 79464	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	upation / Job title (See Instructions) gent)	Employer (See Instructions Self	5)	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 118/129 Rpt: 121/142	2
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insurar	nce Professionals - Tex	as PAC	L	00042577	
4	Date 04/20/2025	5 Full name of contributorSypert, Steve6 Contributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
_		Lubbock, TX 79464					
8	Insurance A	pation / Job title (See Instructions) gent)	9 Employer (See Instructions Self	5)		
	Date 05/20/2025	Full name of contributor Sypert, Steve Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu	Lubbock, TX 79464 pation / Job title (See Instructions)	,	Employer (See Instructions	;) 		
	Insurance A			Self	٠,		
	Date 06/20/2025	Full name of contributor Sypert, Steve Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Lubbock, TX 79464					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 01/10/2025	Full name of contributor Thexton, Larry Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$15.00
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Trusted Insurance Solut		s	
	Date 02/10/2025	Full name of contributor Thexton, Larry Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Trusted Insurance Solut		S	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 119/129 Rpt: 122/142	2
2	FILER NAME			5.0	3	Filer ID (Ethics Commission	Filers)
		ociation of Benefit and Insura			<u> </u>	00042577	
4	Date 03/10/2025	Full name of contributor Thexton, Larry Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75007					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Agent			Trusted Insurance Solut	tion	S	
	Date 04/10/2025	Full name of contributor Thexton, Larry Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75007					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Agent			Trusted Insurance Solut	tion	S	
	Date 05/10/2025	Full name of contributor Thexton, Larry Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75007					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	Agent			Trusted Insurance Solut	tion	S	
	Date 06/10/2025	Full name of contributor Thexton, Larry Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Carrollton, TX 75007					
	Principal occu Agent	pation / Job title (See Instructions)	Employer (See Instructions Trusted Insurance Solut		5	
	Date 01/20/2025	Full name of contributor Thorne, Roblyn Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Austin, TX 78749					
	Principal occu Insurance Aç	pation / Job title (See Instructions gent)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	Ν	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 120/129 Rpt: 123/142	!
2	FILER NAME National Ass	ociation of Benefit and Insurar	nce Professionals - Te	xas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 02/20/2025	5 Full name of contributor Thorne, Roblyn6 Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Austin, TX 78749 pation / Job title (See Instructions)	T	9	Employer (See Instructions	?) 		
•	Insurance Aç			•	Self	-)		
	Date 03/20/2025	Full name of contributor Thorne, Roblyn Contributor address; City; Sta)		Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)			Employer (See Instructions	s)		
	Insurance Aç				Self	,		
	Date 04/20/2025	Full name of contributor Thorne, Roblyn Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Austin, TX 78749						
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent			Employer (See Instructions Self	5)		
	Date 05/20/2025	Full name of contributor Thorne, Roblyn Contributor address; City; Sta Austin, TX 78749)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent			Employer (See Instructions Self	5)		
	Date 06/20/2025	Full name of contributor Thorne, Roblyn Contributor address; City; Sta	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 121/129 Rpt: 124/142	!
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Te	xa	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/20/2025	5 Full name of contributor Trebing, C. Louanne6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Garland, TX 75042 pation / Job title (See Instructions	3)	9	Employer (See Instructions	s)		
	Insurance Aç		,		Self	,		
	Date 02/20/2025	Full name of contributor Trebing, C. Louanne Contributor address; City; S)		Amount of Contribution (\$)	\$25.00
	Discipal	Garland, TX 75042			Faralassa (Osa lastrustisas	<u></u>		
	Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	5)		
	Date 03/20/2025	Full name of contributor Trebing, C. Louanne Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
		Garland, TX 75042						
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	5)		
	Date 04/20/2025	Full name of contributor Trebing, C. Louanne Contributor address; City; S Garland, TX 75042)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	5)		
	Date 05/20/2025	Full name of contributor Trebing, C. Louanne Contributor address; City; S Garland, TX 75042	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions gent	5)		Employer (See Instructions Self	s)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 122/129 Rpt: 125/14	12
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		ociation of Benefit and Insuranc		s PAC		00042577	
4	Date 06/20/2025	5 Full name of contributor Trebing, C. Louanne6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Garland, TX 75042					
8	Principal occu Insurance Aç	pation / Job title (See Instructions) gent	9	Employer (See Instructions Self	5)		
	Date 02/27/2025	Full name of contributor Trevino, Emily Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,236.22
	Dringinal occu	Humble, TX 77396 pation / Job title (See Instructions)		Employer (See Instructions	<u>'</u>		
	Insurance	pation / Job title (See Instructions)		Wise Up Financial	·)		
	Date 06/29/2025	Full name of contributor Valdez, Alicia Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$12.00
		Katy, TX 77494					
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Hoffman Insurance Grou			
	Date 01/11/2025	Full name of contributor Vasquez Ramirez, Valeria Contributor address; City; State San Antonio, TX 78233	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Davidson Camp Insurar		Services, LLC	
	Date 02/11/2025	Full name of contributor Vasquez Ramirez, Valeria Contributor address; City; State San Antonio, TX 78233	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Davidson Camp Insurar		Services, LLC	
			•				

	MONEI	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 123/129 Rpt: 126/142	
2	FILER NAME			5.0	3	Filer ID (Ethics Commission	Filers)
		cociation of Benefit and Insurance Professionals - Tex	xas	S PAC		00042577	
4	Date 03/11/2025	5 Full name of contributor out-of-state PAC (ID#: Vasquez Ramirez, Valeria)	7	Amount of Contribution (\$)	\$12.50
	03/11/2023	6 Contributor address; City; State; Zip Code					Φ12.50
		Communical address, City, State, Zip Code					
		San Antonio, TX 78233					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Insurance Aç	gent		Davidson Camp Insurar	ice	Services, LLC	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/11/2025	Vasquez Ramirez, Valeria					\$12.50
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78233					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Davidson Camp Insurar	ice	Services, LLC	
_	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/11/2025	Vasquez Ramirez, Valeria					\$12.50
		Contributor address; City; State; Zip Code	••••				
		0 4					
	Deinsinal assu	San Antonio, TX 78233		Franksian (Cook Instructions	_		
	Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Davidson Camp Insurar		Saniras II C	
_				Davidson Camp insural			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ф12 FO
	06/11/2025	Vasquez Ramirez, Valeria					\$12.50
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78233					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	gent		Davidson Camp Insurar	ice	Services, LLC	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/20/2025	Walker, Kenneth					\$25.00
		Contributor address; City; State; Zip Code					
		Austin, TX 79721					
H	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Owner			Nexus Insurance Marke	tin)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS	SCHEDULE A	\1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 124/129 Rpt: 127/142	
2	FILER NAME				3 Filer ID (Ethics Commission File	ers)
		ociation of Benefit and Insura	nce Professionals - Te	xas PAC	00042577	
4	Date 02/20/2025	5 Full name of contributorWalker, Kenneth6 Contributor address; City; S	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	\$25.00
0	Dringing Local	Austin, TX 79721 pation / Job title (See Instructions	s) I	9 Employer (See Instructions		
0	Owner	pation / Job title (See instructions	b)	Nexus Insurance Marke		
	Date 03/20/2025	Full name of contributor Walker, Kenneth Contributor address; City; S	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$25.00
		Austin, TX 79721				
		pation / Job title (See Instructions	5)	Employer (See Instructions		
	Owner			Nexus Insurance Marke	eting	
	Date 04/20/2025	Full name of contributor Walker, Kenneth Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
		Austin, TX 79721				
	Principal occu	L pation / Job title (See Instructions	s)	Employer (See Instructions	s)	
	Owner	`	,	Nexus Insurance Marke		
	Date 05/20/2025	Full name of contributor Walker, Kenneth Contributor address; City; S Austin, TX 79721	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	625.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>	
	Owner	(,	Nexus Insurance Marke		
	Date	Full name of contributor	Out of state DAC (ID#:		Amount of Contribution (\$)	
	06/20/2025	Walker, Kenneth	out-of-state PAC (ID#:_		1	\$25.00
		Contributor address; City; S Austin, TX 79721	tate; Zip Code			
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)	
	Owner			Nexus Insurance Marke	eting	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 125/129 Rpt: 128/142	
2	FILER NAME National Ass	ociation of Benefit and Insura	nce Professionals - Tex	as	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 01/23/2025	5 Full name of contributor Wallace, Kasey6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$12.50
		Houston, TX 77041						
8	Principal occu Account Exe	pation / Job title (See Instructions cutive	s) <u> </u>	9	Employer (See Instructions Kilpatrick Companies	5)		
	Date 02/23/2025	Full name of contributor Wallace, Kasey Contributor address; City; S				•	Amount of Contribution (\$)	\$12.50
	Principal occu	Houston, TX 77041 pation / Job title (See Instructions	3)		Employer (See Instructions	;) 		
	Account Exe				Kilpatrick Companies	-,		
	Date 03/23/2025	Full name of contributor Wallace, Kasey Contributor address; City; S)		Amount of Contribution (\$)	\$12.50
		Houston, TX 77041						
	Principal occu Account Exe	pation / Job title (See Instructions cutive	s)		Employer (See Instructions Kilpatrick Companies	5)		
	Date 04/23/2025	Full name of contributor Wallace, Kasey Contributor address; City; S Houston, TX 77041	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Account Exe	pation / Job title (See Instructions cutive	s)		Employer (See Instructions Kilpatrick Companies	5)		
	Date 05/23/2025	Full name of contributor Wallace, Kasey Contributor address; City; S Houston, TX 77041	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$12.50
	Principal occu Account Exe	pation / Job title (See Instructions cutive	s)		Employer (See Instructions Kilpatrick Companies	5)		
			L		· · · · · · · · · · · · · · · · · · ·			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 126/129 Rpt: 129/142	2
2	FILER NAME National Ass	ociation of Benefit and Insuranc	e Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 06/23/2025	5 Full name of contributor Wallace, Kasey6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	Houston, TX 77041 pation / Job title (See Instructions) cutive	9	Employer (See Instructions Kilpatrick Companies)		
	Date 01/17/2025	Full name of contributor Wallin, Johnny Contributor address; City; State Kennedale, TX 76060				Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self)		
	Date 02/17/2025	Full name of contributor Wallin, Johnny Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$12.50
		Kennedale, TX 76060 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/17/2025	Full name of contributor Wallin, Johnny		Self		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/17/2025	Full name of contributor Wallin, Johnny Contributor address; City; State Kennedale, TX 76060	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 127/129 Rpt: 130/142)
2	FILER NAME National Ass	ociation of Benefit and Insurance	Professionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 05/17/2025	Wallin, Johnny	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$12.50
8	Principal occur	Kennedale, TX 76060 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
0	Insurance A	`	3	Self)		
	Date 06/17/2025	Full name of contributor Wallin, Johnny Contributor address; City; State;				Amount of Contribution (\$)	\$12.50
	Delicalization	Kennedale, TX 76060		Frankrije (Cooks trockie ro	$\overline{\Gamma}$		
	Insurance A	pation / Job title (See Instructions) gent		Employer (See Instructions Self	5)		
	Date 01/28/2025	Full name of contributor Willams, Brietta Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Fort Worth, TX 76137					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Hartman Insurance Serv		es	
	Date 01/29/2025	Full name of contributor Willingham, Sean Contributor address; City; State; San Antonio, TX 78259)		Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Medicare Man	5)		
	Date 02/28/2025	Full name of contributor Willingham, Sean Contributor address; City; State; San Antonio, TX 78259	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Medicare Man	5)		
			,				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comp	plete this forr	n.	1	Total pages Schedule A1: Sch: 128/129 Rpt: 131/142	2
2	FILER NAME National Ass	ociation of Benefit and Insurance Profe	ssionals - Texas	s PAC	3	Filer ID (Ethics Commission 00042577	Filers)
4	Date 03/29/2025	 Full name of contributor out-of-s Willingham, Sean Contributor address; City; State; Zip Co 	state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu	San Antonio, TX 78259 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Agent	,		Medicare Man	,		
	Date 04/29/2025	Full name of contributor out-of-s Willingham, Sean Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78259					
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Medicare Man	s)		
	Date 05/29/2025	Full name of contributor out-of-s Willingham, Sean Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		San Antonio, TX 78259					
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Medicare Man	s)		
	Date 06/29/2025	Willingham, Sean				Amount of Contribution (\$)	\$12.50
	Principal occu Agent	pation / Job title (See Instructions)		Employer (See Instructions Medicare Man	<u> </u> 5)		
	Date 01/20/2025	Young, Peter	state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Independent Insurance		visors	
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE /	41
	The Instruc	ction Guide explains how t	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 129/129 Rpt: 132/142	
2	FILER NAME	ociation of Benefit and Insuran	oo Drofossianals Toy	ac DAC	3 Filer ID (Ethics Commission File 00042577	ers)
_		_				
4	Date 02/20/2025	5 Full name of contributor [Young, Peter6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code)	7 Amount of Contribution (\$)	\$12.50
		Allen, TX 75013				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)	
	Insurance Aç	gent		Independent Insurance	Advisors	
	Date 03/20/2025	Full name of contributor Young, Peter Contributor address; City; State Allen, TX 75013	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$12.50
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Insurance Ag			Independent Insurance		
	Date 04/20/2025	Full name of contributor [Young, Peter Contributor address; City; Stat	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$12.50
		Allen, TX 75013				
		pation / Job title (See Instructions)		Employer (See Instructions		
	Insurance Aç	gent		Independent Insurance	Advisors	
	Date 05/20/2025	Full name of contributor [Young, Peter Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Insurance Ag	gent		Independent Insurance	Advisors	
	Date 06/20/2025	Full name of contributor Young, Peter Contributor address; City; State Allen, TX 75013	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Insurance Aç	gent		Independent Insurance	Advisors	

PLEI	OGED CONTRIBU	TIONS		5	SCHEDULE B
The Instruction Guide explains how to complete this form.			1 Total pages Schedule B: Sch: 1/1 Rpt: 133/142		
2 FILER N.	AME			3 Filer ID (Ethics Commi	ssion Filers)
National	Association of Benefit and I	nsurance Professiona	als - Texas PAC	00042577	
4 TOTAL	OF UNITEMIZED PLEDO	GES		\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:) 8 Amount of 9 In-ki	nd description
		<u> </u>		pledge (\$) (If	applicable)
	7 Pledgor Address;	City; State; Zip C	ode		as Complete Schedule T
10 Princinal	occupation / Job title (See Instru	uctions)	11 Employer (See Ir		as. Complete Schedule 1
10 Fillicipai	occupation / Job title (See instit	ictions)	Employer (See ii	iructions)	

	LOANS					SCHED	OULE E
	The Instruction	on Guide explains how	to complete this f	orm.	1	ages Schedule E: /1 Rpt: 134/142	
2	FILER NAME National Associa	ation of Benefit and Insuran	ice Professionals - Te	exas PAC	3 Filer ID 00042	(Ethics Commissi 577	on Filers)
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; C	ity; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ıs)	•	
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	d into political accou (See Instructio	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guara	nteed (\$)
	not applicable	18 Guarantor address; C	ity; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ıs)		

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt:	National Association of Benefit and Insurance	00042577
4 Date	5 Payee name	
01/21/2025	Jaffe Communications	
6 Amount (\$)	7 Payee Address; City; State; Zip	
200.00	312 North Avenue East, Suite 5	
Expenditure from corporate funds	Cranford, NJ 07016	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	·
OF EXPENDITURE	Consulting Expense	Website Work
Date	Payee name	
01/21/2025	Jaffe Communications	
Amount (\$)	Payee Address; City; State; Zip	
600.00	312 North Avenue East, Suite 5	
Expenditure from corporate funds	Cranford, NJ 07016	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Consulting Expense	Management Fees
EXPENDITORE		
	_	
Date	Payee name	
06/29/2025	Pay Pal	
Amount (\$)	Payee Address; City; State; Zip	
300.74	PO Box 1900	
Expenditure from corporate funds	San Jose, CA 97136	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Banking Fees
LAPENDITORE		
Date	Payee name	
01/20/2025	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
31.92	21650 Oxnard Street., Suite 2200	
Expenditure from corporate funds	Woodland Hills, CA 91367	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Banking Fees
EXPENDITORE		

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt:	National Association of Benefit and Insurance	00042577
4 Date	5 Payee name	•
01/22/2025	Quickbook Payments	
6 Amount (\$)	7 Payee Address; City; State; Zip	
0.44	21650 Oxnard Street., Suite 2200	
Expenditure from	Mars Hand J. Phys. CA 24207	
corporate funds	Woodland Hills, CA 91367	
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
EXPENDITURE	, 1000 a.m.n.g, 2 a.m.n.g	Durining 1 ccs
Date	Payee name	
01/24/2025	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
60.24	21650 Oxnard Street., Suite 2200	
Expenditure from	Mar Hand Hills - OA 04007	
corporate funds	Woodland Hills, CA 91367	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking	Banking Fees
Date	Payee name	
01/26/2025	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
0.70	21650 Oxnard Street., Suite 2200	
Expenditure from	Woodland Hills, CA 91367	
corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Accounting/Banking	Banking Fees
EXPENDITURE		
Date	Payee name	
02/20/2025	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
33.02	21650 Oxnard Street., Suite 2200	
Expenditure from		
corporate funds	Woodland Hills, CA 91367	[a.
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Banking Fees
EXPENDITURE	Accounting/Darking	Danking rees
	1	

	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 3/7 Rpt:	National Association of Benefit and Insurance 00042577		
4 Date	5 Payee name		
02/23/2025	Quickbook Payments		
6 Amount (\$)	7 Payee Address; City; State; Zip		
	21650 Oxnard Street., Suite 2200		
0.44	21030 Oxidata Street, Suite 2200		
Expenditure from corporate funds	Woodland Hills, CA 91367		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Accounting/Banking Banking Fees		
Date	Payee name		
02/26/2025	Quickbook Payments		
Amount (\$)	Payee Address; City; State; Zip		
0.26	21650 Oxnard Street., Suite 2200		
Expenditure from			
corporate funds	Woodland Hills, CA 91367		
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Accounting/Banking Banking Fees		
EXI ENDITORE			
Date	Payee name		
02/27/2025	Quickbook Payments		
Amount (\$)	Payee Address; City; State; Zip		
0.44	21650 Oxnard Street., Suite 2200		
Expenditure from			
corporate funds	Woodland Hills, CA 91367		
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Accounting/Banking Banking Fees		
Date	Payee name		
03/20/2025	Quickbook Payments		
Amount (\$)	Payee Address; City; State; Zip		
31.92	21650 Oxnard Street., Suite 2200		
Expenditure from			
corporate funds	Woodland Hills, CA 91367		
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Accounting/Banking Banking Fees		

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt:	National Association of Benefit and Insurance 00042577
4 Date	5 Payee name
03/23/2025	Quickbook Payments
6 Amount (\$)	7 Payee Address; City; State; Zip
0.44	21650 Oxnard Street., Suite 2200
Expenditure from corporate funds	Woodland Hills, CA 91367
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking Banking Fees
Date	Payee name
03/26/2025	Quickbook Payments
	· · · · · ·
Amount (\$)	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200
0.26	21050 Oxilaru Street., Suite 2200
Expenditure from corporate funds	Woodland Hills, CA 91367
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF	Accounting/Banking Banking Fees
EXPENDITURE	
Date	Payee name
03/31/2025	Quickbook Payments
Amount (\$)	Payee Address; City; State; Zip
0.88	21650 Oxnard Street., Suite 2200
Expenditure from	
corporate funds	Woodland Hills, CA 91367
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking Banking Fees
Date	Payee name
04/10/2025	Quickbook Payments
Amount (\$)	Payee Address; City; State; Zip
	21650 Oxnard Street., Suite 2200
10.50	
Expenditure from corporate funds	Woodland Hills, CA 91367
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking Banking Fees

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 5/7 Rpt:	2 FILER NAME National Association of Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date	5 Payee name	
04/20/2025	Quickbook Payments	
6 Amount (\$)	7 Payee Address; City; State; Zip	
32.14	21650 Oxnard Street., Suite 2200	
Expenditure from corporate funds	Woodland Hills, CA 91367	
8 PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Banking Fees
Date	Payee name	I
04/22/2025	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
0.44	21650 Oxnard Street., Suite 2200	
Expenditure from	March 11 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
corporate funds	Woodland Hills, CA 91367	Las and a second and a second
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking	Banking Fees
Date	Payee name	
04/27/2025	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
0.26	21650 Oxnard Street., Suite 2200	
Expenditure from corporate funds	Woodland Hills, CA 91367	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Banking Fees
LAI ENDITORE		
Date	Payee name	
05/20/2025	Quickbook Payments	
Amount (\$)	Payee Address; City; State; Zip	
30.16	21650 Oxnard Street., Suite 2200	
Expenditure from		
corporate funds	Woodland Hills, CA 91367	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· · · · · · · · · · · · · · · · · · ·
OF EXPENDITURE	Accounting/Banking	Banking Fees
	<u> </u>	<u> </u>

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt:	National Association of Benefit and Insurance 00042577
4 Date	5 Payee name
05/22/2025	Quickbook Payments
6 Amount (\$)	7 Payee Address; City; State; Zip
0.44	21650 Oxnard Street., Suite 2200
Expenditure from	We add and USUs OA 04007
corporate funds	Woodland Hills, CA 91367
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Banking Fees
EXPENDITURE	Danking Fees
Date	Payee name
05/23/2025	Quickbook Payments
Amount (\$)	Payee Address; City; State; Zip
0.44	21650 Oxnard Street., Suite 2200
Expenditure from	
corporate funds	Woodland Hills, CA 91367
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking Banking Fees
Date	Payee name
05/26/2025	Quickbook Payments
Amount (\$)	Payee Address; City; State; Zip
0.26	21650 Oxnard Street., Suite 2200
Expenditure from	
corporate funds	Woodland Hills, CA 91367
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking Banking Fees
Date	Payee name
06/20/2025	Quickbook Payments
Amount (\$)	Payee Address; City; State; Zip
` '	21650 Oxnard Street., Suite 2200
29.50	21000 CANAIN CHOCK, CANC 2200
Expenditure from corporate funds	Woodland Hills, CA 91367
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking Banking Fees

	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME National Association of Benefit and Insurance 3 Filer ID (Ethics Commission Filers) 00042577
4 Date 06/22/2025	5 Payee name Quickbook Payments
6 Amount (\$) 0.44 Expenditure from	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200
Corporate funds 8 PURPOSE OF EXPENDITURE	Woodland Hills, CA 91367 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Banking Fees
Date 06/23/2025	Payee name Quickbook Payments
Amount (\$) 0.44 Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Banking Fees
Date 06/26/2025	Payee name Quickbook Payments
Amount (\$) 0.26 Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Banking Fees

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 142/142 2 FILER NAME 3 Filer ID (Ethics Commission Filers) National Association of Benefit and Insurance Professionals - Texas PAC 00042577 Date 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2025 \$500.00 Donna Howard Campaign 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78763 7 Purpose for which amount is received X Check if political contribution returned to filer