

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00042577	2 Total pages filed: 142
3 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/09/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 312 North Avenue East, Suite 5  Cranford, NJ 07016		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Carla NICKNAME LAST SUFFIX Adams		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 101 W. Shepherd Ave. Apt. 501 Lufkin, TX 75904		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 101 W. Shepherd Ave. Apt. 501 Lufkin, TX 75904		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 710-1280		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00042577
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,706.68
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 67,276.36
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Carla Adams  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 142

<b>17 COMMITTEE NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00042577
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,706.68
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,366.98
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 500.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/129 Rpt: 4/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Employee Benefits Consultant		<b>9</b> Employer (See Instructions) Texas Benefit Alliance
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Employee Benefits Consultant		Employer (See Instructions) Texas Benefit Alliance
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Employee Benefits Consultant		Employer (See Instructions) Texas Benefit Alliance
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Employee Benefits Consultant		Employer (See Instructions) Texas Benefit Alliance
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Employee Benefits Consultant		Employer (See Instructions) Texas Benefit Alliance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/129 Rpt: 5/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Employee Benefits Consultant		<b>9</b> Employer (See Instructions) Texas Benefit Alliance
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/129 Rpt: 6/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Schertz, TX 78154	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) TASC
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla <hr/> Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TASC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/129 Rpt: 7/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/129 Rpt: 8/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78279	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Wortham Insurance
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/129 Rpt: 9/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/129 Rpt: 10/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) UHC
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) UHC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/129 Rpt: 11/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) UHC
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75789	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75789	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75789	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75789	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/129 Rpt: 12/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bullard, TX 75789	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) CEBPET
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75789	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/129 Rpt: 13/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene <b>6</b> Contributor address; City; State; Zip Code Bullard, TX 75757	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Broker/President		<b>9</b> Employer (See Instructions) Customized Employee Benefit Plans
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene Contributor address; City; State; Zip Code Bullard, TX 75757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann Contributor address; City; State; Zip Code Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/129 Rpt: 14/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-3001	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hilliard Box Insurance
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-3001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> Contributor address; City; State; Zip Code  Huffman, TX 77336	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Chambers Marketing Concepts

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/129 Rpt: 15/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> <b>6</b> Contributor address; City; State; Zip Code  Huffman, TX 77336	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Chambers Marketing Concepts
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> Contributor address; City; State; Zip Code  Huffman, TX 77336	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Chambers Marketing Concepts
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> Contributor address; City; State; Zip Code  Huffman, TX 77336	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Chambers Marketing Concepts
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> Contributor address; City; State; Zip Code  Huffman, TX 77336	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Chambers Marketing Concepts
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk <hr/> Contributor address; City; State; Zip Code  Huffman, TX 77336	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Chambers Marketing Concepts

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/129 Rpt: 16/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Self
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/129 Rpt: 17/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/129 Rpt: 18/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) ALG Avery & Associates
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/129 Rpt: 19/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$13.75
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/129 Rpt: 20/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Upshaw Insurance
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/129 Rpt: 21/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) The Buffum Group
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78665	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) The Buffum Group
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/129 Rpt: 22/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) UHC
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) UHC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/129 Rpt: 23/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75083	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75084	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/129 Rpt: 24/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/129 Rpt: 25/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald <b>6</b> Contributor address; City; State; Zip Code Donna, TX 78537	<b>7</b> Amount of Contribution (\$) \$13.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Director		<b>9</b> Employer (See Instructions) Kansas City Life
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Kansas City Life

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/129 Rpt: 26/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Donna, TX 78537	<b>7</b> Amount of Contribution (\$)  \$13.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Director		<b>9</b> Employer (See Instructions) Kansas City Life
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/129 Rpt: 27/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mcallen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Account Manager		<b>9</b> Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris <hr/> Contributor address; City; State; Zip Code  Mcallen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Higginbotham Ins Agency, Inc.
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/129 Rpt: 28/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Senior Services
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Senior Services
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra Contributor address; City; State; Zip Code  Helotes, TX 78024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra Contributor address; City; State; Zip Code  Helotes, TX 78024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/129 Rpt: 29/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78024	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Healthcare
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/129 Rpt: 30/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	<b>7</b> Amount of Contribution (\$)  \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Caprock
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Caprock

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/129 Rpt: 31/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	<b>7</b> Amount of Contribution (\$)  \$37.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Caprock
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.86
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Senior Health Professionals
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.86
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Senior Health Professionals
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.86
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Senior Health Professionals
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.86
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Senior Health Professionals

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/129 Rpt: 32/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$12.86
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Senior Health Professionals
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.86
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Senior Health Professionals
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/129 Rpt: 33/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Financial Partners
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/129 Rpt: 34/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Baytown, TX 77521	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Major Medical
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Reliable Retire Ins

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/129 Rpt: 35/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bulverde, TX 78163	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Reliable Retire Ins
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Reliable Retire Ins
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Reliable Retire Ins
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Reliable Retire Ins
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Reliable Retire Ins

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/129 Rpt: 36/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle <hr/> Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Keetch & Associates

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/129 Rpt: 37/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) Keetch & Associates
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Keetch & Associates
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Keetch & Associates
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Keetch & Associates
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Keetch & Associates

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/129 Rpt: 38/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James <b>6</b> Contributor address; City; State; Zip Code Georgetown, TX 78628	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) AJ Benefit Advisors
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) AJ Benefit Advisors
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) AJ Benefit Advisors
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) AJ Benefit Advisors
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) AJ Benefit Advisors

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/129 Rpt: 39/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) AJ Benefit Advisors
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eller, Darla <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79416	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Client Manager		Employer (See Instructions) Gallagher
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/129 Rpt: 40/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> <b>6</b> Contributor address; City; State; Zip Code  Portland, TX 78374	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Humana
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/129 Rpt: 41/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) chief Growth officer		Employer (See Instructions) Exchange Broker Certifications

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/129 Rpt: 42/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) chief Growth officer		<b>9</b> Employer (See Instructions) Exchange Broker Certifications
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) chief Growth officer		Employer (See Instructions) Exchange Broker Certifications
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) chief Growth officer		Employer (See Instructions) Exchange Broker Certifications
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) chief Growth officer		Employer (See Instructions) Exchange Broker Certifications
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) chief Growth officer		Employer (See Instructions) Exchange Broker Certifications

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/129 Rpt: 43/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Humana
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/129 Rpt: 44/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/129 Rpt: 45/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garfias, Elisa Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$13.37
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) United Healthcare
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$18.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Innovative Insurance Solutions
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$18.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Innovative Insurance Solutions
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/129 Rpt: 46/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ameritas
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/129 Rpt: 47/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica <hr/> <b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Today's Benefit Solutions
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/129 Rpt: 48/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica <hr/> <b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Today's Benefit Solutions
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/129 Rpt: 49/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Healthcare
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/129 Rpt: 50/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Self
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/129 Rpt: 51/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Chief Compliance Officer		<b>9</b> Employer (See Instructions) Infinitus
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Infinitus
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/129 Rpt: 52/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77043	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ameritas
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/129 Rpt: 53/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Insure Me Shop
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Jessica <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Insure Me Shop
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Jessica <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Insure Me Shop
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/129 Rpt: 54/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula <b>6</b> Contributor address; City; State; Zip Code Plano, TX 75074	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Health Insurance Broker		<b>9</b> Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Broker		Employer (See Instructions) Harrington Insurance Solutions, LLC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/129 Rpt: 55/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Polly Harris Insurance Agency
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Polly Harris Insurance Agency

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/129 Rpt: 56/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Judith <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hayes Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/129 Rpt: 57/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$6.25</div>
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hebert Insurance
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  <div style="text-align: right;">\$6.25</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77487	Amount of Contribution (\$)  <div style="text-align: right;">\$20.00</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$)  <div style="text-align: right;">\$20.00</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$)  <div style="text-align: right;">\$20.00</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/129 Rpt: 58/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77488	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hoffman Insurance Group
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/129 Rpt: 59/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Holloway Benefit Concepts
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/129 Rpt: 60/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78744	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Healthcare
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria <hr/> Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/129 Rpt: 61/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Healthcare
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/129 Rpt: 62/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Healthcare
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$103.48
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/129 Rpt: 63/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Safe Harbor Benefits Higginbotham

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/129 Rpt: 64/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Ameritas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Ameritas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/129 Rpt: 65/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Ameritas
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/129 Rpt: 66/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) JBird Insurance Group
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) JBird Insurance Group
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) JBird Insurance Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/129 Rpt: 67/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) JBird Insurance Group
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) JBird Insurance Group
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) JBird Insurance Group
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/129 Rpt: 68/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ashmore & Associates
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ashmore & Associates
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong <hr/> Contributor address; City; State; Zip Code  Grand Prarie, TX 75052	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/129 Rpt: 69/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong <b>6</b> Contributor address; City; State; Zip Code  Grand Prarie, TX 75052	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong Contributor address; City; State; Zip Code  Grand Prarie, TX 75052	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong Contributor address; City; State; Zip Code  Grand Prarie, TX 75052	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/129 Rpt: 70/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Senior Health Plans of Texas
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Senior Health Plans of Texas
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/129 Rpt: 71/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/129 Rpt: 72/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/129 Rpt: 73/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Luker Insurance Strategies
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Luker Insurance Strategies
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Luker Insurance Strategies
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Luker Insurance Strategies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/129 Rpt: 74/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Luker Insurance Strategies
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Luker Insurance Strategies
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/129 Rpt: 75/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Carlisle Insurance
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Carlisle Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/129 Rpt: 76/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Carlisle Insurance
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Carlisle Insurance
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Carlisle Insurance
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Carlisle Insurance
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/129 Rpt: 77/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79101	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/129 Rpt: 78/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <b>6</b> Contributor address; City; State; Zip Code Centennial, TX 80112	<b>7</b> Amount of Contribution (\$) \$27.53
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) Colorado Benefit Advisors
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$27.53
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$27.53
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$27.53
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/129 Rpt: 79/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <b>6</b> Contributor address; City; State; Zip Code Centennial, TX 80112	<b>7</b> Amount of Contribution (\$) \$27.53
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) Colorado Benefit Advisors
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$27.53
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code Centennial, TX 80112	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Joanna Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TradeMark Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/129 Rpt: 80/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hibbs Hallmark
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/129 Rpt: 81/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hibbs Hallmark
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/129 Rpt: 82/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75251	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) TexCap Insurance
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/129 Rpt: 83/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fritch, TX 79036	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice <hr/> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieswiadomy, Meredith <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$13.38
Principal occupation / Job title (See Instructions) Benefit Sales Executive		Employer (See Instructions) BenefitMall
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/129 Rpt: 84/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/129 Rpt: 85/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77388	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) OneDigital
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) OneDigital
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) OneDigital
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) OneDigital
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) OneDigital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/129 Rpt: 86/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olliver, Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77388	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) OneDigital
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/129 Rpt: 87/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Holmes Murphy & Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/129 Rpt: 88/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75251	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Holmes Murphy & Associates
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78451	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carlisle Insurance Agency
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/129 Rpt: 89/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78730	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/129 Rpt: 90/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Sun Life Financial
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Sun Life Financial
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/129 Rpt: 91/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Account Manager		<b>9</b> Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) UnitedHealthcare Employer & Individual

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/129 Rpt: 92/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid <b>6</b> Contributor address; City; State; Zip Code Mckinney, TX 75071	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) fresh benies
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid Contributor address; City; State; Zip Code Mckinney, TX 75071	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid Contributor address; City; State; Zip Code Mckinney, TX 75071	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid Contributor address; City; State; Zip Code Mckinney, TX 75071	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid Contributor address; City; State; Zip Code Mckinney, TX 75071	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) fresh benies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/129 Rpt: 93/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) fresh benies
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/129 Rpt: 94/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/129 Rpt: 95/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Houghton Financial Partners
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Houghton Financial Partners

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/129 Rpt: 96/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Houghton Financial Partners
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Houghton Financial Partners
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Houghton Financial Partners
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Houghton Financial Partners
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/129 Rpt: 97/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) One Digital
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) One Digital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/129 Rpt: 98/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Newkirk & Newkirk
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Newkirk & Newkirk

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/129 Rpt: 99/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Newkirk & Newkirk
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/129 Rpt: 100/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Boomer Benefits
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/129 Rpt: 101/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/129 Rpt: 102/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) TexCap Insurance Services
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/129 Rpt: 103/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  Prosper, TX 75078	<b>7</b> Amount of Contribution (\$) \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) CPR Financial & Insurance Services, Inc.
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Veronica <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Business Advisor		Employer (See Instructions) G & A Partners
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Veronica <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Business Advisor		Employer (See Instructions) G & A Partners
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/129 Rpt: 104/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Healthcare
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/129 Rpt: 105/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) The Insurance Exchange
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/129 Rpt: 106/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$12.50</div>
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ark Assurance
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/129 Rpt: 107/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ark Assurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/129 Rpt: 108/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75057	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) The Brokerage, Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/129 Rpt: 109/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Splawn & Associates
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/129 Rpt: 110/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738	<b>7</b> Amount of Contribution (\$)  \$7.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Stair & Associates LLC
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/129 Rpt: 111/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75033	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Marsh & McLennan
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/129 Rpt: 112/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <b>6</b> Contributor address; City; State; Zip Code Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/129 Rpt: 113/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/129 Rpt: 114/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77389	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/129 Rpt: 115/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/129 Rpt: 116/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Rhythm Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/129 Rpt: 117/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76007	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Vogue Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76007	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76007	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76007	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76007	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Vogue Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/129 Rpt: 118/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76006	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/129 Rpt: 119/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76006	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) Vogue Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/129 Rpt: 120/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75711	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hibbs Hallmark & Company
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark & Company
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sybert, Steve <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sybert, Steve <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sybert, Steve <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/129 Rpt: 121/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79464	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Trusted Insurance Solutions
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Trusted Insurance Solutions

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/129 Rpt: 122/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Trusted Insurance Solutions
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Trusted Insurance Solutions
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Trusted Insurance Solutions
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Trusted Insurance Solutions
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/129 Rpt: 123/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/129 Rpt: 124/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75042	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/129 Rpt: 125/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75042	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Emily <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$1,236.22
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Wise Up Financial
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Alicia <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$12.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/129 Rpt: 126/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78233	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 79721	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/129 Rpt: 127/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 79721	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Nexus Insurance Marketing
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 79721	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 79721	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 79721	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> Contributor address; City; State; Zip Code  Austin, TX 79721	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/129 Rpt: 128/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77041	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Account Executive		<b>9</b> Employer (See Instructions) Kilpatrick Companies
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/129 Rpt: 129/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77041	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Account Executive		<b>9</b> Employer (See Instructions) Kilpatrick Companies
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/129 Rpt: 130/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kennedale, TX 76060	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willams, Brietta <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Hartman Insurance Services
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/129 Rpt: 131/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78259	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Medicare Man
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/129 Rpt: 132/142
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Independent Insurance Advisors
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Advisors

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 133/142

2 FILER NAME  
National Association of Benefit and Insurance Professionals - Texas PAC

3 Filer ID (Ethics Commission Filers)  
00042577

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 134/142

2 FILER NAME  
National Association of Benefit and Insurance Professionals - Texas PAC

3 Filer ID (Ethics Commission Filers)  
00042577

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ None

15 Check if personal funds were deposited into political account  
(See Instructions)

☐

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 2/7 Rpt:	<b>2</b> FILER NAME National Association of Benefit and Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/22/2025	<b>5</b> Payee name Quickbook Payments	
<b>6</b> Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees
Date 01/24/2025	Payee name Quickbook Payments	
Amount (\$) 60.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees
Date 01/26/2025	Payee name Quickbook Payments	
Amount (\$) 0.70 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees
Date 02/20/2025	Payee name Quickbook Payments	
Amount (\$) 33.02 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 6/7 Rpt:	<b>2</b> FILER NAME National Association of Benefit and Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/22/2025	<b>5</b> Payee name Quickbook Payments	
<b>6</b> Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees
Date 05/23/2025	Payee name Quickbook Payments	
Amount (\$) 0.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees
Date 05/26/2025	Payee name Quickbook Payments	
Amount (\$) 0.26 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees
Date 06/20/2025	Payee name Quickbook Payments	
Amount (\$) 29.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200  Woodland Hills, CA 91367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Banking Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 21650 Oxnard Street., Suite 2200 Woodland Hills, CA 91367	
8 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 06/23/2025	Payee name Quickbook Payments	
Amount (\$) 0.44 <input type="checkbox"/> 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 <input type="checkbox"/> 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 CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 142/142

2 FILER NAME

National Association of Benefit and Insurance Professionals - Texas PAC

3 Filer ID (Ethics Commission Filers)  
00042577

4 Date

06/30/2025

5 Name of person from whom amount is received

Donna Howard Campaign

8 Amount (\$)

\$500.00

6 Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78763

7 Purpose for which amount is received

☒ Check if political contribution returned to filer