

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015644		2 Total pages filed: 24	
3 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC				<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 08/05/2025  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP 3755 Attucks Drive  Powell, OH 43065				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Daniel				
	NICKNAME                      LAST                      SUFFIX O'Connell				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 3755 Attucks Drive  Powell, OH 43065				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX;                      APT / SUITE #;    CITY;    STATE;    ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (512) 716-8800				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month    Day    Year                      THROUGH                      Month    Day    Year 06/26/2025                                           07/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00015644
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,023.40
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>	\$ 96,953.49
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

<b>16 AFFIDAVIT</b>		
<p>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.</p>		
<p>Mr. Daniel O'Connell</p> <p>_____ Signature of Campaign Treasurer</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
<p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 24

<b>17 COMMITTEE NAME</b> National Association of Insurance and Financial Advisors - Texas PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00015644
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,297.40
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 726.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,000.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/14 Rpt: 4/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Cappilla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79121-1044	<b>7</b> Amount of Contribution (\$)  \$8.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent/Owner		<b>9</b> Employer (See Instructions) Aaron Cappilla farmers insurance agency
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Holland <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-4412	Amount of Contribution (\$)  \$3.40
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Principal
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyson, Guest <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042-5118	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) MetLife Premier Client Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Baker <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-4115	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Malone <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-1225	Amount of Contribution (\$)  \$16.80
Principal occupation / Job title (See Instructions) Financial Professional		Employer (See Instructions) Level Four 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: 2/14 Rpt: 5/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin, Gerald <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071-5670	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Founder & Financial Advisor		<b>9</b> Employer (See Instructions) NTXGen Advisors LLC
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Green <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450-1004	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Third Rail Financial, LLC
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Metteauer <hr/> Contributor address; City; State; Zip Code  Palestine, TX 75803-6850	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Carol Metteauer
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline, Welch <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78738-1007	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chane, Reagan <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77316-6882	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) AuguStar Financial Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/14 Rpt: 6/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833-4605	<b>7</b> Amount of Contribution (\$)  \$33.60
<b>8</b> Principal occupation / Job title (See Instructions) Agent Advisor		<b>9</b> Employer (See Instructions) Van Dyke, Rankin Fin. Services
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri, Stanwix <hr/> Contributor address; City; State; Zip Code  Celina, TX 75009-4630	Amount of Contribution (\$)  \$16.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Stanwix Insurance & Benefits
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissman, Crombie <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76126-4525	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Crombie Financial Group, llc
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Price <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106-5730	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life Insurance CO & NYLIFE Securities
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-2114	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, 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: 4/14 Rpt: 7/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Bronstad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bryan, TX 77802-4301	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Financial Representative		<b>9</b> Employer (See Instructions) Thrivent Financial
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Farabee <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301-6824	Amount of Contribution (\$)  \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Webb <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75964-1388	Amount of Contribution (\$)  \$34.00
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Pioneer Financial Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter <hr/> Contributor address; City; State; Zip Code  Midland, TX 79701-5515	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Carter Financial Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Hutto <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028-3264	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Hutto 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: 5/14 Rpt: 8/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76904-5772	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent/Owner		<b>9</b> Employer (See Instructions) OFG Financial Services, Inc.
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Vickers <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77808-8402	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Financial_Advisor		Employer (See Instructions) Mutual of Omaha Companies
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Cisneros <hr/> Contributor address; City; State; Zip Code  Socorro, TX 79927-3398	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Enrique Cisneros Insurance
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Bentley <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757-5345	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Customized Employee Benefit Plans of East Texas, I
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Forsythe <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057-4732	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Northwestern Mutual



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/14 Rpt: 9/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filemon, Esquivel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingsville, TX 78363-5774	<b>7</b> Amount of Contribution (\$)  \$3.40
<b>8</b> Principal occupation / Job title (See Instructions) AGENT		<b>9</b> Employer (See Instructions) New York Life
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Kneip <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77905-3178	Amount of Contribution (\$)  \$6.80
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Crossroads Insurance Professionals Inc.
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Schmiedekamp <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502-3673	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) MR		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria, Guzman <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936-6231	Amount of Contribution (\$)  \$6.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Guardian
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grover, Brillhart <hr/> Contributor address; City; State; Zip Code  Wylie, TX 75098-4036	Amount of Contribution (\$)  \$34.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Penn Mutual Wealth Strategies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/14 Rpt: 10/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack, Knight <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109-5908	<b>7</b> Amount of Contribution (\$)  \$18.00
<b>8</b> Principal occupation / Job title (See Instructions) Agency Owner		<b>9</b> Employer (See Instructions) Jack Knight Insurance Assoc
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Mickey Contributor address; City; State; Zip Code  Spring, TX 77388-5012	Amount of Contribution (\$)  \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor, Managing Associate		Employer (See Instructions) Wealth Design Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Schroeder Contributor address; City; State; Zip Code  Brenham, TX 77833-5067	Amount of Contribution (\$)  \$4.80
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Hutson Contributor address; City; State; Zip Code  Amarillo, TX 79109-5039	Amount of Contribution (\$)  \$12.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Jim Hutson Agency, LLC
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey, Ussery Contributor address; City; State; Zip Code  Bellville, TX 77418-3822	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Regional V.P.		Employer (See Instructions) John Hancock Life Insurance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/14 Rpt: 11/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Brieden <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833-4916	<b>7</b> Amount of Contribution (\$)  \$6.80
<b>8</b> Principal occupation / Job title (See Instructions) Agent Advisor		<b>9</b> Employer (See Instructions) State Farm Insurance Companies
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Denton <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109-3534	Amount of Contribution (\$)  \$3.40
Principal occupation / Job title (See Instructions) Field_Representative		Employer (See Instructions) Northwestern Mutual
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Rivard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-2614	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Borden Hamman Agency
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Still <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-3586	Amount of Contribution (\$)  \$6.80
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Still Financial Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wheeler Jr. <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356-1798	Amount of Contribution (\$)  \$168.00
Principal occupation / Job title (See Instructions) Executive Senior Partner		Employer (See Instructions) Totus Wealth Management 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: 9/14 Rpt: 12/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon, Sharp <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77904-3392	<b>7</b> Amount of Contribution (\$)  \$3.40
<b>8</b> Principal occupation / Job title (See Instructions) District Manager		<b>9</b> Employer (See Instructions) National Life
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Kerr Contributor address; City; State; Zip Code  Hutto, TX 78634-2143	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Kerr Financial Services
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, True Contributor address; City; State; Zip Code  Dallas, TX 75214-3188	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) NAIFA - Dallas
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken, Quach Contributor address; City; State; Zip Code  Fulshear, TX 77441-2505	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent/Broker		Employer (See Instructions) Ken Quach Insurance Agency
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Haworth Contributor address; City; State; Zip Code  Amarillo, TX 79159-0265	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Haworth Company

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/14 Rpt: 13/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Boozer <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76205-8008	<b>7</b> Amount of Contribution (\$)  \$34.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President - Marketing		<b>9</b> Employer (See Instructions) Don Boozer & Assoc.
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannie, Jackson Contributor address; City; State; Zip Code  Coppell, TX 75019-4007	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Jackson Benefits Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Pinckard Contributor address; City; State; Zip Code  Fort Worth, TX 76135-4424	Amount of Contribution (\$)  \$22.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) LP Insurance and Financial Services
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Goss Contributor address; City; State; Zip Code  Leander, TX 78641-3802	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Linda Goss
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Warren Contributor address; City; State; Zip Code  Plainview, TX 79073-0626	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/14 Rpt: 14/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Spreen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833-7708	<b>7</b> Amount of Contribution (\$)  \$20.80
<b>8</b> Principal occupation / Job title (See Instructions) Financial Associate		<b>9</b> Employer (See Instructions) Thrivent Financial
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Evans <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-3404	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Brokerage Manager		Employer (See Instructions) The DI Center
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Wilder <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024-6324	Amount of Contribution (\$)  \$3.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Shamrock Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hopper <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007-2422	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) National Life
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney, Mogen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732-2453	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) DI/Business Insurance Expert for Advisor's		Employer (See Instructions) Brokerage Director @ Mass Mutual & Solve Ur Puzzle

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/14 Rpt: 15/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando, Barrera <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-2634	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Agency_Owner		<b>9</b> Employer (See Instructions) Roland Barrera Insurance
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronny, Bryant <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-6105	Amount of Contribution (\$)  \$6.80
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Perry Hunter Hall
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Shannon <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077-1859	Amount of Contribution (\$)  \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Ruth Shannon State Farm
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Ward <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605-7347	Amount of Contribution (\$)  \$3.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Ward Agency
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-2964	Amount of Contribution (\$)  \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) TL LITTLETON INS AGY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/14 Rpt: 16/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Mahony <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ft Worth, TX 76132-1518	<b>7</b> Amount of Contribution (\$)  \$6.80
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) TMA Financial
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Roels <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-5604	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Marketing Group
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Miller <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478-5331	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) TMiller Financial
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Henly <hr/> Contributor address; City; State; Zip Code  San Augustine, TX 75972-1324	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Henly Insurance
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes, Wessel <hr/> Contributor address; City; State; Zip Code  Willis, TX 77318-6431	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) General Agent		Employer (See Instructions) National Life



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/14 Rpt: 17/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Montague <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75044-3531	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Development		<b>9</b> Employer (See Instructions) National Life
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuka, Nakahara-Goven Contributor address; City; State; Zip Code  Carrollton, TX 75007-4852	Amount of Contribution (\$)  \$36.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/6 Rpt: 18/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Corporation / Labor Organization name Annie <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Corpus Christi, TX 78413-4825	<b>7</b> Amount of contribution (\$)  \$6.00
Date 07/10/2025	Corporation / Labor Organization name Annie <hr/> Corporation / Labor Organization address; City; State; Zip Code  Corpus Christi, TX 78413-4825	Amount of contribution (\$)  \$6.00
Date 07/10/2025	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code  Elkhart, TX 75839-5116	Amount of contribution (\$)  \$6.80
Date 07/10/2025	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code  Elkhart, TX 75839-5116	Amount of contribution (\$)  \$6.80
Date 07/10/2025	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code  Decatur, TX 76234-1373	Amount of contribution (\$)  \$16.80
Date 07/10/2025	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code  Decatur, TX 76234-1373	Amount of contribution (\$)  \$16.80
Date 07/10/2025	Corporation / Labor Organization name Dereck <hr/> Corporation / Labor Organization address; City; State; Zip Code  Shallowater, TX 79363-5136	Amount of contribution (\$)  \$40.00

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/6 Rpt: 19/24
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 07/10/2025	5 Corporation / Labor Organization name Dereck	7 Amount of contribution (\$) \$40.00
	6 Corporation / Labor Organization address; City; State; Zip Code  Shallowater, TX 79363-5136	
Date 07/10/2025	Corporation / Labor Organization name Don	Amount of contribution (\$) \$6.80
	Corporation / Labor Organization address; City; State; Zip Code  Denton, TX 76205-8008	
Date 07/10/2025	Corporation / Labor Organization name Don	Amount of contribution (\$) \$6.80
	Corporation / Labor Organization address; City; State; Zip Code  Denton, TX 76205-8008	
Date 07/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$6.80
	Corporation / Labor Organization address; City; State; Zip Code  Plano, TX 75075-7729	
Date 07/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$6.80
	Corporation / Labor Organization address; City; State; Zip Code  Plano, TX 75075-7729	
Date 07/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$4.00
	Corporation / Labor Organization address; City; State; Zip Code  Tomball, TX 77377-8649	
Date 07/10/2025	Corporation / Labor Organization name Frank	Amount of contribution (\$) \$4.00
	Corporation / Labor Organization address; City; State; Zip Code  Tomball, TX 77377-8649	

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 3/6 Rpt: 20/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Corporation / Labor Organization name Jason <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Floresville, TX 78114-0576	<b>7</b> Amount of contribution (\$)  \$84.00
Date 07/10/2025	Corporation / Labor Organization name Jason <hr/> Corporation / Labor Organization address; City; State; Zip Code  Floresville, TX 78114-0576	Amount of contribution (\$)  \$84.00
Date 07/10/2025	Corporation / Labor Organization name Jim <hr/> Corporation / Labor Organization address; City; State; Zip Code  Eastland, TX 76448-0895	Amount of contribution (\$)  \$6.80
Date 07/10/2025	Corporation / Labor Organization name Jim <hr/> Corporation / Labor Organization address; City; State; Zip Code  Eastland, TX 76448-0895	Amount of contribution (\$)  \$6.80
Date 07/10/2025	Corporation / Labor Organization name Joe <hr/> Corporation / Labor Organization address; City; State; Zip Code  Fort Worth, TX 76116-1620	Amount of contribution (\$)  \$3.40
Date 07/10/2025	Corporation / Labor Organization name Joe <hr/> Corporation / Labor Organization address; City; State; Zip Code  Fort Worth, TX 76116-1620	Amount of contribution (\$)  \$3.40
Date 07/10/2025	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code  Nacogdoches, TX 75965-8716	Amount of contribution (\$)  \$10.00

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 4/6 Rpt: 21/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Corporation / Labor Organization name John <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Nacogdoches, TX 75965-1929	<b>7</b> Amount of contribution (\$) \$100.00
Date 07/10/2025	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code  Nacogdoches, TX 75965-8716	Amount of contribution (\$) \$10.00
Date 07/10/2025	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code  Nacogdoches, TX 75965-1929	Amount of contribution (\$) \$100.00
Date 07/10/2025	Corporation / Labor Organization name Keith <hr/> Corporation / Labor Organization address; City; State; Zip Code  San Antonio, TX 78258-7540	Amount of contribution (\$) \$20.00
Date 07/10/2025	Corporation / Labor Organization name Keith <hr/> Corporation / Labor Organization address; City; State; Zip Code  San Antonio, TX 78258-7540	Amount of contribution (\$) \$20.00
Date 07/10/2025	Corporation / Labor Organization name Lilia <hr/> Corporation / Labor Organization address; City; State; Zip Code  Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$6.80
Date 07/10/2025	Corporation / Labor Organization name Lilia <hr/> Corporation / Labor Organization address; City; State; Zip Code  Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$6.80

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 5/6 Rpt: 22/24
<b>2</b> FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015644
<b>4</b> Date 07/10/2025	<b>5</b> Corporation / Labor Organization name Michael <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  San Antonio, TX 78270-1307	<b>7</b> Amount of contribution (\$)  \$10.00
Date 07/10/2025	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code  San Antonio, TX 78270-1307	Amount of contribution (\$)  \$10.00
Date 07/10/2025	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code  HEATH, TX 75032-5998	Amount of contribution (\$)  \$6.80
Date 07/10/2025	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code  HEATH, TX 75032-5998	Amount of contribution (\$)  \$6.80
Date 07/10/2025	Corporation / Labor Organization name Peter <hr/> Corporation / Labor Organization address; City; State; Zip Code  Spring, TX 77379-2542	Amount of contribution (\$)  \$10.00
Date 07/10/2025	Corporation / Labor Organization name Peter <hr/> Corporation / Labor Organization address; City; State; Zip Code  Spring, TX 77379-2542	Amount of contribution (\$)  \$10.00
Date 07/10/2025	Corporation / Labor Organization name Raymond <hr/> Corporation / Labor Organization address; City; State; Zip Code  Pearland, TX 77581-5853	Amount of contribution (\$)  \$8.00

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 6/6 Rpt: 23/24
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 07/10/2025	5 Corporation / Labor Organization name Raymond	7 Amount of contribution (\$) \$8.00
	6 Corporation / Labor Organization address; City; State; Zip Code  Pearland, TX 77581-5853	
Date 07/10/2025	Corporation / Labor Organization name Vincente	Amount of contribution (\$) \$10.00
	Corporation / Labor Organization address; City; State; Zip Code  Amarillo, TX 79118-9390	
Date 07/10/2025	Corporation / Labor Organization name Vincente	Amount of contribution (\$) \$10.00
	Corporation / Labor Organization address; City; State; Zip Code  Amarillo, TX 79118-9390	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME National Association of Insurance and Financial	3 Filer ID (Ethics Commission Filers) 00015644
4 Date 07/01/2025	5 Payee name NAIFA-Texas	
6 Amount (\$) 2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3755 Attucks Drive Powell, OH 43065	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Monthly Admin Fee to manage PAC