

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: 46	
3 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of 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 <input type="checkbox"/> Change of 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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 10/26/2025 THROUGH Month Day Year 12/31/2025			
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

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,951.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61,624.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

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
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17 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		18 Filer ID (Ethics Commission Filers) 00042577
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,951.69
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 772.03
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/42 Rpt: 4/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Employee Benefits Consultant		9 Employer (See Instructions) Texas Benefit Alliance
Date 12/01/2025	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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/42 Rpt: 5/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia 6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna 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 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/42 Rpt: 6/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) UHC
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark <hr/> 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 11/23/2025	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 12/23/2025	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 11/17/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/42 Rpt: 7/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene <hr/> 6 Contributor address; City; State; Zip Code Bullard, TX 75757	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Broker/President		9 Employer (See Instructions) Customized Employee Benefit Plans
Date 11/18/2025	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 12/18/2025	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 11/20/2025	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 12/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/42 Rpt: 8/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael 6 Contributor address; City; State; Zip Code Odessa, TX 79761	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) ALG Avery & Associates
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael 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 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie 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 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/42 Rpt: 9/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Upshaw Insurance
Date 11/20/2025	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 12/20/2025	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 11/15/2025	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 12/15/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/42 Rpt: 10/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen 6 Contributor address; City; State; Zip Code Richardson, TX 75082	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison 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 11/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/42 Rpt: 11/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald 6 Contributor address; City; State; Zip Code Donna, TX 78537	7 Amount of Contribution (\$) \$13.00
8 Principal occupation / Job title (See Instructions) Marketing Director		9 Employer (See Instructions) Kansas City Life
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris 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 11/20/2025	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 12/20/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/42 Rpt: 12/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78024	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Healthcare
Date 12/20/2025	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 11/20/2025	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 12/20/2025	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 11/10/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/42 Rpt: 13/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717	7 Amount of Contribution (\$) \$12.86
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Senior Health Professionals
Date 11/20/2025	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 12/20/2025	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 11/20/2025	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 12/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/42 Rpt: 14/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle <hr/> 6 Contributor address; City; State; Zip Code Bulverde, TX 78163	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Reliable Retire Ins
Date 11/16/2025	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
Date 12/16/2025	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
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James <hr/> 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 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/42 Rpt: 15/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Humana
Date 12/05/2025	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 11/20/2025	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 12/20/2025	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 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/42 Rpt: 16/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) chief Growth officer		9 Employer (See Instructions) Exchange Broker Certifications
Date 11/20/2025	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 12/20/2025	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 11/20/2025	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 12/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/42 Rpt: 17/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$18.75
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Innovative Insurance Solutions
Date 11/22/2025	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
Date 12/22/2025	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
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica 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 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/42 Rpt: 18/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) United Healthcare
Date 12/02/2025	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 10/26/2025	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 11/26/2025	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 12/26/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/42 Rpt: 19/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Chief Compliance Officer		9 Employer (See Instructions) Infinitus
Date 11/26/2025	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 12/26/2025	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 10/26/2025	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 11/26/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/42 Rpt: 20/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77043	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ameritas
Date 11/09/2025	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 12/09/2025	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 11/19/2025	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 12/19/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/42 Rpt: 21/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Polly Harris Insurance Agency
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly <hr/> 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 11/20/2025	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 (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 12/20/2025	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 (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 11/01/2025	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 (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/42 Rpt: 22/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77488	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hoffman Insurance Group
Date 11/22/2025	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 12/22/2025	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 11/07/2025	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
Date 12/07/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/42 Rpt: 23/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) United Healthcare
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin <hr/> 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 11/20/2025	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 12/20/2025	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 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Nicholas <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/42 Rpt: 24/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Nicholas 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$26.25
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 11/20/2025	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 12/20/2025	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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/42 Rpt: 25/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) JBird Insurance Group
Date 12/20/2025	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 11/20/2025	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 12/20/2025	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 11/20/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/42 Rpt: 26/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Senior Health Plans of Texas
Date 11/20/2025	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
Date 12/20/2025	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
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> 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 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/42 Rpt: 27/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Luker Insurance Strategies
Date 12/20/2025	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 11/20/2025	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 12/20/2025	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 11/14/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/42 Rpt: 28/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) Carlisle Insurance
Date 11/10/2025	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
Date 12/10/2025	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
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <hr/> 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 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/42 Rpt: 29/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <hr/> 6 Contributor address; City; State; Zip Code Centennial, TX 80112	7 Amount of Contribution (\$) \$13.38
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Colorado Benefit Advisors
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <hr/> 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 11/20/2025	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 12/20/2025	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 11/12/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/42 Rpt: 30/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) TexCap Insurance
Date 11/17/2025	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 12/17/2025	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 11/20/2025	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 12/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/42 Rpt: 31/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 12/20/2025	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 11/20/2025	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 12/20/2025	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 11/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/42 Rpt: 32/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Sun Life Financial
Date 11/02/2025	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 12/02/2025	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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid <hr/> 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/42 Rpt: 33/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/42 Rpt: 34/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Houghton Financial Partners
Date 11/20/2025	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 12/20/2025	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 11/15/2025	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 12/15/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/42 Rpt: 35/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 12/20/2025	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 11/20/2025	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 12/20/2025	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 11/15/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/42 Rpt: 36/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) The Insurance Exchange
Date 11/20/2025	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 12/20/2025	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/42 Rpt: 37/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Splawn & Associates
Date 12/20/2025	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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/42 Rpt: 38/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer 6 Contributor address; City; State; Zip Code Frisco, TX 75033	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Marsh & McLennan
Date 11/03/2025	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 12/03/2025	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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/42 Rpt: 39/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton 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 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra 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
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/42 Rpt: 40/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Vogue Insurance
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole <hr/> 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 11/20/2025	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 12/20/2025	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 11/20/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/42 Rpt: 41/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79464	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theesfeld, Angela <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 11/10/2025	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 12/10/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/42 Rpt: 42/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn 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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne 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 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne 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 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Victoria Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) BCBS of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/42 Rpt: 43/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Victoria <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) BCBS of Texas
Date 11/11/2025	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 12/11/2025	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 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$15.95
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, Denise <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$15.95
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/42 Rpt: 44/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 79721	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Nexus Insurance Marketing
Date 12/20/2025	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 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> 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 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey <hr/> 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 11/17/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/42 Rpt: 45/46
2 FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		3 Filer ID (Ethics Commission Filers) 00042577
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny <hr/> 6 Contributor address; City; State; Zip Code Kennedale, TX 76060	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 10/29/2025	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 11/29/2025	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 12/29/2025	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 12/20/2025	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

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 Benefit and Insurance	3 Filer ID (Ethics Commission Filers) 00042577
4 Date 10/31/2025	5 Payee name Chase Bank	
6 Amount (\$) 4.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 302 E Broad St Westfield, NJ 07090	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fees
Date 11/19/2025	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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) management fees
Date 12/29/2025	Payee name Pay Pal	
Amount (\$) 95.56 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 1900 San Jose, CA 97136	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank fees
Date 12/26/2025	Payee name Quickbook Payments	
Amount (\$) 72.07 <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