

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00042577		2 Total pages filed: 143	OFFICE USE ONLY	
3 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		Date Received ELECTRONICALLY FILED 01/14/2026		
4 TREASURER NAME Adams, Carla		Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE  <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		
6 ORIGINAL PERIOD COVERED Month Day Year 01/01/2025		Month Day Year THROUGH 06/30/2025	Receipt # _____ Amount _____ Date Processed Date Imaged	

## 7 EXPLANATION OF CORRECTION

The original report contained errors due to a reporting glitch within QuickBooks that affected the Profit & Loss report used to prepare the filing. The issue was discovered this week while processing the finalized December 31, 2025 Profit & Loss report.

As a result of this system error, certain donations were reported that were not actually received. This correction updates the report to reflect the accurate donations that were received during the reporting period.

The corrected filing replaces the previously reported figures with accurate amounts and ensures the report now fully complies with TEC GPAC reporting requirements. The error was unintentional and was promptly corrected upon discovery.

## 8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**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: 143			
3 COMMITTEE NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged				
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address 312 North Avenue East, Suite 5  Cranford, NJ 07016						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR  Carla			MI		
	NICKNAME  LAST Adams	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);  101 W. Shepherd Ave.  Apt. 501  Lufkin, TX 75904	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX;  101 W. Shepherd Ave.  Apt. 501  Lufkin, TX 75904	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) 710-1280	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15					
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff					
	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> 10th day after campaign treasurer termination					
10 PERIOD COVERED	Month 01/01/2025	Day	Year	Month 06/30/2025	Day	Year
11 ELECTION	ELECTION DATE  Month Day Year	ELECTION TYPE				
	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other		

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**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00042577
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,694.18
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 67,276.36
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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 style="text-align: right;">_____ Carla Adams _____ Signature of Campaign Treasurer</p>		
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**  
4 of 143

<b>17 COMMITTEE NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC	<b>18 FILER ID</b> (Ethics Commission Filers) 00042577
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 16,694.18	
\$ 0.00	
\$ 0.00	
\$	
\$	
\$	
\$	
\$	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 1,366.98	
\$ 500.00	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/129 Rpt: 5/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette .....  <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Employee Benefits Consultant	<b>9</b> Employer (See Instructions) Texas Benefit Alliance
<b>Date</b> 02/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette .....  <b>Contributor address; City; State; Zip Code</b>  Temple, TX 76502	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Employee Benefits Consultant	<b>Employer (See Instructions)</b> Texas Benefit Alliance
<b>Date</b> 03/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette .....  <b>Contributor address; City; State; Zip Code</b>  Temple, TX 76502	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Employee Benefits Consultant	<b>Employer (See Instructions)</b> Texas Benefit Alliance
<b>Date</b> 04/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette .....  <b>Contributor address; City; State; Zip Code</b>  Temple, TX 76502	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Employee Benefits Consultant	<b>Employer (See Instructions)</b> Texas Benefit Alliance
<b>Date</b> 05/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette .....  <b>Contributor address; City; State; Zip Code</b>  Temple, TX 76502	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Employee Benefits Consultant	<b>Employer (See Instructions)</b> Texas Benefit Alliance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/129 Rpt: 6/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbe, Jeanette	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	
<b>8</b> Principal occupation / Job title (See Instructions) Employee Benefits Consultant		<b>9</b> Employer (See Instructions) Texas Benefit Alliance
<b>Date</b> 01/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> TASC
<b>Date</b> 02/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> TASC
<b>Date</b> 03/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> TASC
<b>Date</b> 04/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> TASC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/129 Rpt: 7/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla ..... <b>6</b> Contributor address; City; State; Zip Code  Schertz, TX 78154	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) TASC
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carla ..... Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) TASC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia ..... Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance	Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia ..... Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance	Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia ..... Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/129 Rpt: 8/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia ..... <b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance	<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia ..... Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance	Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlquist, Neldia ..... Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance	Employer (See Instructions) Self
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna ..... Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Wortham Insurance
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna ..... Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Wortham Insurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/129 Rpt: 9/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78279	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Wortham Insurance
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna ..... Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna ..... Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antongiovanni, Joanna ..... Contributor address; City; State; Zip Code  San Antonio, TX 78279	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wortham Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/129 Rpt: 10/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	<b>7</b> Amount of Contribution (\$) \$125.00
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	<b>Amount of Contribution (\$)</b> \$125.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	<b>Amount of Contribution (\$)</b> \$125.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	<b>Amount of Contribution (\$)</b> \$125.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando	<b>Amount of Contribution (\$)</b> \$125.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/129 Rpt: 11/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) UHC
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75240	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> UHC
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75240	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> UHC
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75240	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> UHC
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75240	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> UHC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/129 Rpt: 12/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellman, Mark	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) UHC
<b>Date</b> 01/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75789	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> CEBPET
<b>Date</b> 02/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75789	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> CEBPET
<b>Date</b> 03/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75789	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> CEBPET
<b>Date</b> 04/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75789	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> CEBPET

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/129 Rpt: 13/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau .....  <b>6</b> Contributor address; City; State; Zip Code  Bullard, TX 75789	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) CEBPET
<b>Date</b> 06/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Beau .....  <b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75789	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) CEBPET
<b>Date</b> 01/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene .....  <b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75757	<b>Amount of Contribution (\$)</b> \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
<b>Date</b> 02/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene .....  <b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75757	<b>Amount of Contribution (\$)</b> \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
<b>Date</b> 03/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene .....  <b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75757	<b>Amount of Contribution (\$)</b> \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/129 Rpt: 14/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene ..... <b>6</b> Contributor address; City; State; Zip Code  Bullard, TX 75757	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Broker/President		<b>9</b> Employer (See Instructions) Customized Employee Benefit Plans
<b>Date</b> 05/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene ..... <b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75757	<b>Amount of Contribution (\$)</b> \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
<b>Date</b> 06/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Eugene ..... <b>Contributor address; City; State; Zip Code</b>  Bullard, TX 75757	<b>Amount of Contribution (\$)</b> \$50.00
Principal occupation / Job title (See Instructions) Broker/President		Employer (See Instructions) Customized Employee Benefit Plans
<b>Date</b> 01/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann ..... <b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703-3001	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance
<b>Date</b> 02/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann ..... <b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703-3001	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hilliard Box Insurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/129 Rpt: 15/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann .....  <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-3001	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Hilliard Box Insurance
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann .....  <b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703-3001	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> Hilliard Box Insurance
<b>Date</b> 05/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann .....  <b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703-3001	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> Hilliard Box Insurance
<b>Date</b> 06/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Mary Ann .....  <b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703-3001	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> Hilliard Box Insurance
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk .....  <b>Contributor address; City; State; Zip Code</b>  Huffman, TX 77336	<b>Amount of Contribution (\$)</b>  \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> Chambers Marketing Concepts

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/129 Rpt: 16/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Huffman, TX 77336	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Chambers Marketing Concepts
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Huffman, TX 77336	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Chambers Marketing Concepts
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Huffman, TX 77336	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Chambers Marketing Concepts
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Huffman, TX 77336	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Chambers Marketing Concepts
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Dirk	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Huffman, TX 77336	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Chambers Marketing Concepts

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/129 Rpt: 17/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard .....  6 Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Agent	<b>9</b> Employer (See Instructions) Self
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard .....  Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Agent	Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard .....  Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Agent	Employer (See Instructions) Self
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard .....  Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Agent	Employer (See Instructions) Self
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard .....  Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/129 Rpt: 18/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Howard	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/129 Rpt: 19/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael ..... <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) ALG Avery & Associates
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, Michael ..... Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ALG Avery & Associates
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie ..... Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$) \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie ..... Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$) \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonczek, Christie ..... Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$) \$13.75
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/129 Rpt: 20/143
<b>2 FILER NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC		<b>3 Filer ID</b> (Ethics Commission Filers) 00042577
<b>4 Date</b> 04/19/2025	<b>5 Full name of contributor</b> Bonczek, Christie	<b>7 Amount of Contribution (\$)</b> \$13.75
	<b>6 Contributor address; City; State; Zip Code</b>  Houston, TX 77027	
<b>8 Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>9 Employer (See Instructions)</b> Self
<b>Date</b> 05/19/2025	<b>Full name of contributor</b> Bonczek, Christie	<b>Amount of Contribution (\$)</b> \$13.75
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77027	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/19/2025	<b>Full name of contributor</b> Bonczek, Christie	<b>Amount of Contribution (\$)</b> \$13.75
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77027	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/23/2025	<b>Full name of contributor</b> Booth, Tonya	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Upshaw Insurance
<b>Date</b> 02/23/2025	<b>Full name of contributor</b> Booth, Tonya	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Upshaw Insurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/129 Rpt: 21/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya .....  <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Upshaw Insurance
<b>Date</b> 04/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya .....  <b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> Upshaw Insurance
<b>Date</b> 05/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya .....  <b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> Upshaw Insurance
<b>Date</b> 06/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Tonya .....  <b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> Upshaw Insurance
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald .....  <b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78665	<b>Amount of Contribution (\$)</b>  \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance	<b>Employer (See Instructions)</b> The Buffum Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/129 Rpt: 22/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) The Buffum Group
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Buffum, Ronald	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78665	
<b>Principal occupation / Job title (See Instructions)</b> Insurance		<b>Employer (See Instructions)</b> The Buffum Group
<b>Date</b> 01/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78750	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> UHC
<b>Date</b> 02/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78750	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> UHC
<b>Date</b> 03/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78750	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> UHC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/129 Rpt: 23/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales	<b>9</b> Employer (See Instructions) UHC
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi ..... Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) UHC
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Robbi ..... Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) UHC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen ..... Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen ..... Contributor address; City; State; Zip Code  Richardson, TX 75081	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/129 Rpt: 24/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75083	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75084	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Karen	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75081	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/129 Rpt: 25/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Allison	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79109	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/129 Rpt: 26/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald .....  <b>6</b> Contributor address; City; State; Zip Code  Donna, TX 78537	<b>7</b> Amount of Contribution (\$) \$13.00
	<b>8</b> Principal occupation / Job title (See Instructions) Marketing Director	
<b>9</b> Employer (See Instructions) Kansas City Life	<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald .....  <b>Contributor address; City; State; Zip Code</b>  Donna, TX 78537
	<b>Amount of Contribution (\$)</b> \$13.00	
<b>Principal occupation / Job title (See Instructions)</b> Marketing Director		<b>Employer (See Instructions)</b> Kansas City Life
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald .....  <b>Contributor address; City; State; Zip Code</b>  Donna, TX 78537	<b>Amount of Contribution (\$)</b> \$13.00
	<b>Principal occupation / Job title (See Instructions)</b> Marketing Director	
<b>Employer (See Instructions)</b> Kansas City Life	<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald .....  <b>Contributor address; City; State; Zip Code</b>  Donna, TX 78537
	<b>Amount of Contribution (\$)</b> \$13.00	
<b>Principal occupation / Job title (See Instructions)</b> Marketing Director		<b>Employer (See Instructions)</b> Kansas City Life
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald .....  <b>Contributor address; City; State; Zip Code</b>  Donna, TX 78537	<b>Amount of Contribution (\$)</b> \$13.00
	<b>Principal occupation / Job title (See Instructions)</b> Marketing Director	
<b>Employer (See Instructions)</b> Kansas City Life		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/129 Rpt: 27/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Ronald	<b>7</b> Amount of Contribution (\$) \$13.00
	<b>6</b> Contributor address; City; State; Zip Code  Donna, TX 78537	
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Director		<b>9</b> Employer (See Instructions) Kansas City Life
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mcallen, TX 78501	
<b>Principal occupation / Job title (See Instructions)</b> Account Manager		<b>Employer (See Instructions)</b> Higginbotham Ins Agency, Inc.
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mcallen, TX 78501	
<b>Principal occupation / Job title (See Instructions)</b> Account Manager		<b>Employer (See Instructions)</b> Higginbotham Ins Agency, Inc.
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mcallen, TX 78501	
<b>Principal occupation / Job title (See Instructions)</b> Account Manager		<b>Employer (See Instructions)</b> Higginbotham Ins Agency, Inc.
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mcallen, TX 78501	
<b>Principal occupation / Job title (See Instructions)</b> Account Manager		<b>Employer (See Instructions)</b> Higginbotham Ins Agency, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/129 Rpt: 28/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Mcallen, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) Account Manager		<b>9</b> Employer (See Instructions) Higginbotham Ins Agency, Inc.
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Iris	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mcallen, TX 78501	
<b>Principal occupation / Job title (See Instructions)</b> Account Manager		<b>Employer (See Instructions)</b> Higginbotham Ins Agency, Inc.
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76087	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Senior Services
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76087	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Senior Services
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76087	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Senior Services

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/129 Rpt: 29/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Senior Services
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76087	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Senior Services
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Elizabeth	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Weatherford, TX 76087	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Senior Services
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Helotes, TX 78024	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Helotes, TX 78024	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/129 Rpt: 30/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78024	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Healthcare
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Helotes, TX 78024	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Helotes, TX 78024	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clingan, Nedra	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Helotes, TX 78024	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy	<b>Amount of Contribution (\$)</b> \$37.50
	<b>Contributor address; City; State; Zip Code</b>  Roanoke, TX 76262	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Caprock

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/129 Rpt: 31/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy	<b>7</b> Amount of Contribution (\$) \$2,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Caprock
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy	<b>Amount of Contribution (\$)</b> \$37.50
	<b>Contributor address; City; State; Zip Code</b>  Roanoke, TX 76262	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Caprock
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy	<b>Amount of Contribution (\$)</b> \$37.50
	<b>Contributor address; City; State; Zip Code</b>  Roanoke, TX 76262	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Caprock
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy	<b>Amount of Contribution (\$)</b> \$37.50
	<b>Contributor address; City; State; Zip Code</b>  Roanoke, TX 76262	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Caprock
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy	<b>Amount of Contribution (\$)</b> \$37.50
	<b>Contributor address; City; State; Zip Code</b>  Roanoke, TX 76262	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Caprock

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/129 Rpt: 32/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Stacy	<b>7</b> Amount of Contribution (\$) \$37.50
	<b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Caprock
<b>Date</b> 01/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	<b>Amount of Contribution (\$)</b> \$12.86
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Senior Health Professionals
<b>Date</b> 02/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	<b>Amount of Contribution (\$)</b> \$12.86
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Senior Health Professionals
<b>Date</b> 03/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	<b>Amount of Contribution (\$)</b> \$12.86
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Senior Health Professionals
<b>Date</b> 04/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	<b>Amount of Contribution (\$)</b> \$12.86
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Senior Health Professionals

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/129 Rpt: 33/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	<b>7</b> Amount of Contribution (\$) \$12.86
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Senior Health Professionals
<b>Date</b> 06/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coles, Andrea	<b>Amount of Contribution (\$)</b> \$12.86
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Senior Health Professionals
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Wichita Falls, TX 76310	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Financial Partners
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Wichita Falls, TX 76310	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Financial Partners
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Wichita Falls, TX 76310	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Financial Partners

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/129 Rpt: 34/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David ..... <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Financial Partners
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David ..... Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David ..... Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Financial Partners
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom ..... Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom ..... Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Major Medical

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/129 Rpt: 35/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom ..... <b>6</b> Contributor address; City; State; Zip Code  Baytown, TX 77521	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales	<b>9</b> Employer (See Instructions) United Major Medical
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom ..... Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) United Major Medical
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom ..... Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) United Major Medical
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottar, Tom ..... Contributor address; City; State; Zip Code  Baytown, TX 77521	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) United Major Medical
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle ..... Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) Reliable Retire Ins

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/129 Rpt: 36/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Bulverde, TX 78163	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Reliable Retire Ins
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bulverde, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Reliable Retire Ins
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bulverde, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Reliable Retire Ins
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bulverde, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Reliable Retire Ins
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) De Guzman, Michelle	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Bulverde, TX 78163	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Reliable Retire Ins

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/129 Rpt: 37/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle ..... <b>6</b> Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales	<b>9</b> Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle ..... Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle ..... Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeon, Rachelle ..... Contributor address; City; State; Zip Code  Eagles Pass, TX 78852	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) Self
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) Keetch & Associates

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/129 Rpt: 38/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) Keetch & Associates
<b>Date</b> 03/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78463	
<b>Principal occupation / Job title (See Instructions)</b> Broker		<b>Employer (See Instructions)</b> Keetch & Associates
<b>Date</b> 04/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78463	
<b>Principal occupation / Job title (See Instructions)</b> Broker		<b>Employer (See Instructions)</b> Keetch & Associates
<b>Date</b> 05/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78463	
<b>Principal occupation / Job title (See Instructions)</b> Broker		<b>Employer (See Instructions)</b> Keetch & Associates
<b>Date</b> 06/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia, Tiffany	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78463	
<b>Principal occupation / Job title (See Instructions)</b> Broker		<b>Employer (See Instructions)</b> Keetch & Associates

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/129 Rpt: 39/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James .....  <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Broker	<b>9</b> Employer (See Instructions) AJ Benefit Advisors
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James .....  <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) AJ Benefit Advisors
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James .....  <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) AJ Benefit Advisors
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James .....  <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) AJ Benefit Advisors
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James .....  <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) AJ Benefit Advisors

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/129 Rpt: 40/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettman, James ..... <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) AJ Benefit Advisors
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eller, Darla ..... Contributor address; City; State; Zip Code  Lubbock, TX 79416	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Client Manager		Employer (See Instructions) Gallagher
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti ..... Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti ..... Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti ..... Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Humana

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/129 Rpt: 41/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Portland, TX 78374	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Humana
<b>Date</b> 05/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Portland, TX 78374	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Humana
<b>Date</b> 06/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Harmon, Patti	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Portland, TX 78374	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Humana
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/129 Rpt: 42/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike .....  <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike .....  Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike .....  Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mike .....  Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie .....  Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) chief Growth officer	Employer (See Instructions) Exchange Broker Certifications

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/129 Rpt: 43/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie .....  <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) chief Growth officer	<b>9</b> Employer (See Instructions) Exchange Broker Certifications
<b>Date</b> 03/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie .....  <b>Contributor address; City; State; Zip Code</b>  Keller, TX 76248	<b>Amount of Contribution (\$)</b>  \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> chief Growth officer	<b>Employer (See Instructions)</b> Exchange Broker Certifications
<b>Date</b> 04/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie .....  <b>Contributor address; City; State; Zip Code</b>  Keller, TX 76248	<b>Amount of Contribution (\$)</b>  \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> chief Growth officer	<b>Employer (See Instructions)</b> Exchange Broker Certifications
<b>Date</b> 05/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie .....  <b>Contributor address; City; State; Zip Code</b>  Keller, TX 76248	<b>Amount of Contribution (\$)</b>  \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> chief Growth officer	<b>Employer (See Instructions)</b> Exchange Broker Certifications
<b>Date</b> 06/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Everhart, Kylie .....  <b>Contributor address; City; State; Zip Code</b>  Keller, TX 76248	<b>Amount of Contribution (\$)</b>  \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> chief Growth officer	<b>Employer (See Instructions)</b> Exchange Broker Certifications

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/129 Rpt: 44/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Humana
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Humana
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Humana
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Humana
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Holley	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Humana

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/129 Rpt: 45/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly ..... <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly ..... Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly ..... Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly ..... Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly ..... Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/129 Rpt: 46/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fristoe, Kelly	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76301	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garfias, Elisa	Amount of Contribution (\$) \$13.37
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) United Healthcare
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra	Amount of Contribution (\$) \$18.75
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Innovative Insurance Solutions
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Debra	Amount of Contribution (\$) \$18.75
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Innovative Insurance Solutions
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/129 Rpt: 47/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa .....  <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Ameritas
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa .....  Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Ameritas
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa .....  Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Ameritas
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa .....  Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Ameritas
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Theresa .....  Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/129 Rpt: 48/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica .....  <b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Today's Benefit Solutions
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica .....  League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica .....  League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica .....  League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica .....  League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Today's Benefit Solutions

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/129 Rpt: 49/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez-Luna, Veronica	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Today's Benefit Solutions
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/129 Rpt: 50/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Healthcare
<b>Date</b> 06/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Cynthia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 01/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Pharr, TX 78577	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Pharr, TX 78577	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Pharr, TX 78577	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/129 Rpt: 51/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 05/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Pharr, TX 78577	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Hector	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Pharr, TX 78577	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Edinburg, TX 78539	
<b>Principal occupation / Job title (See Instructions)</b> Chief Compliance Officer		<b>Employer (See Instructions)</b> Infinitus
<b>Date</b> 02/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Edinburg, TX 78539	
<b>Principal occupation / Job title (See Instructions)</b> Chief Compliance Officer		<b>Employer (See Instructions)</b> Infinitus

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/129 Rpt: 52/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana ..... <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Chief Compliance Officer	<b>9</b> Employer (See Instructions) Infinitus
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana ..... Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Chief Compliance Officer	Employer (See Instructions) Infinitus
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana ..... Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Chief Compliance Officer	Employer (See Instructions) Infinitus
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gracia, Lisa Adriana ..... Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Chief Compliance Officer	Employer (See Instructions) Infinitus
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip ..... Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/129 Rpt: 53/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77043	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ameritas
<b>Date</b> 03/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77043	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ameritas
<b>Date</b> 04/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77043	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ameritas
<b>Date</b> 05/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77043	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ameritas
<b>Date</b> 06/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Phillip	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77043	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/129 Rpt: 54/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Jessica	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Insure Me Shop
<b>Date</b> 05/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Jessica	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78401	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Insure Me Shop
<b>Date</b> 06/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Jessica	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78401	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Insure Me Shop
<b>Date</b> 01/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Health Insurance Broker		<b>Employer (See Instructions)</b> Harrington Insurance Solutions, LLC
<b>Date</b> 02/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Health Insurance Broker		<b>Employer (See Instructions)</b> Harrington Insurance Solutions, LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/129 Rpt: 55/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	
<b>8</b> Principal occupation / Job title (See Instructions) Health Insurance Broker		<b>9</b> Employer (See Instructions) Harrington Insurance Solutions, LLC
<b>Date</b> 04/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Health Insurance Broker		<b>Employer (See Instructions)</b> Harrington Insurance Solutions, LLC
<b>Date</b> 05/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Health Insurance Broker		<b>Employer (See Instructions)</b> Harrington Insurance Solutions, LLC
<b>Date</b> 06/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Paula	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Health Insurance Broker		<b>Employer (See Instructions)</b> Harrington Insurance Solutions, LLC
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Polly Harris Insurance Agency

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/129 Rpt: 56/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	
<b>9</b> Employer (See Instructions) Polly Harris Insurance Agency		
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Polly Harris Insurance Agency		
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Polly Harris Insurance Agency		
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Polly Harris Insurance Agency		
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Polly ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Polly Harris Insurance Agency		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/129 Rpt: 57/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Judith	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hayes Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/129 Rpt: 58/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$) \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hebert Insurance
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert, Laura ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hebert Insurance
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal ..... Contributor address; City; State; Zip Code  Sugar Land, TX 77487	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal ..... Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal ..... Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/129 Rpt: 59/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal  <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77488	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hoffman Insurance Group
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal  Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Crystal  Contributor address; City; State; Zip Code  Sugar Land, TX 77488	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hoffman Insurance Group
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan  Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan  Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/129 Rpt: 60/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Holloway Benefit Concepts
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ryan	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Holloway Benefit Concepts
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Austin, TX 78744	
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/129 Rpt: 61/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78744	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) United Healthcare
<b>Date</b> 03/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78744	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 04/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78744	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 05/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78744	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 06/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Maria	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78744	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/129 Rpt: 62/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales	<b>9</b> Employer (See Instructions) United Healthcare
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin .....  Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) United Healthcare
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin .....  Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) United Healthcare
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin .....  Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) United Healthcare
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin .....  Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) United Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/129 Rpt: 63/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaques, Kevin ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Healthcare
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete ..... Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$) \$103.48
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete ..... Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete ..... Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Pete ..... Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$) \$6.25
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/129 Rpt: 64/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan .....  <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76012	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	
<b>9</b> Employer (See Instructions) Safe Harbor Benefits Higginbotham		
<b>Date</b> 02/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan .....  <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Safe Harbor Benefits Higginbotham		
<b>Date</b> 03/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan .....  <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Safe Harbor Benefits Higginbotham		
<b>Date</b> 04/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan .....  <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Safe Harbor Benefits Higginbotham		
<b>Date</b> 05/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keathley, Bryan .....  <b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76012	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Safe Harbor Benefits Higginbotham		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/129 Rpt: 65/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Ameritas
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Ameritas
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Ameritas
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Ameritas
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78717	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Ameritas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/129 Rpt: 66/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Renee	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Ameritas
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/129 Rpt: 67/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack ..... <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$6.25
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Jack ..... Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$6.25
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana ..... Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) JBird Insurance Group
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana ..... Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) JBird Insurance Group
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana ..... Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) JBird Insurance Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/129 Rpt: 68/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) JBird Insurance Group
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78704	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> JBird Insurance Group
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasman, Dana	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78704	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> JBird Insurance Group
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79424	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ashmore & Associates
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79424	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ashmore & Associates

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/129 Rpt: 69/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ashmore & Associates
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79424	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ashmore & Associates
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79424	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ashmore & Associates
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlis, Rita	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79424	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ashmore & Associates
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Grand Prairie, TX 75052	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/129 Rpt: 70/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong ..... <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong ..... Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Duong ..... Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael ..... Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) Senior Health Plans of Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael ..... Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) Senior Health Plans of Texas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/129 Rpt: 71/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) Senior Health Plans of Texas
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Cypress, TX 77433	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Senior Health Plans of Texas
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Cypress, TX 77433	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Senior Health Plans of Texas
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledgerwood, Michael	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Cypress, TX 77433	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> Senior Health Plans of Texas
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78401	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/129 Rpt: 72/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	<b>7</b> Amount of Contribution (\$) \$6.25
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Diane ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$) \$6.25
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/129 Rpt: 73/143	
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577	
<b>4</b> Date 01/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott ..... <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$) \$12.50	
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		
<b>9</b> Employer (See Instructions) Self	<b>Date</b> 02/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott ..... <b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott ..... <b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	<b>Amount of Contribution (\$)</b> \$12.50	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott ..... <b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	<b>Amount of Contribution (\$)</b> \$12.50	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 05/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott ..... <b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	<b>Amount of Contribution (\$)</b> \$12.50	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/129 Rpt: 74/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Scott	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Luker Insurance Strategies
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Luker Insurance Strategies
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Luker Insurance Strategies
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Luker Insurance Strategies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/129 Rpt: 75/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Luker Insurance Strategies
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Sharon	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Luker Insurance Strategies
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77056	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77056	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77056	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/129 Rpt: 76/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia .....  <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia .....  Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patricia .....  Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean .....  Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Agent	Employer (See Instructions) Carlisle Insurance
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrackenBrown, Sean .....  Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Agent	Employer (See Instructions) Carlisle Insurance

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/129 Rpt: 77/143
<b>2</b> FILER NAME  National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers)  00042577
<b>4</b> Date  03/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  McCrackenBrown, Sean	<b>7</b> Amount of Contribution (\$)  \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	
<b>8</b> Principal occupation / Job title (See Instructions)  Agent		<b>9</b> Employer (See Instructions)  Carlisle Insurance
<b>Date</b>  04/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  McCrackenBrown, Sean	<b>Amount of Contribution (\$)</b>  \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions)  Agent		Employer (See Instructions)  Carlisle Insurance
<b>Date</b>  05/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  McCrackenBrown, Sean	<b>Amount of Contribution (\$)</b>  \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions)  Agent		Employer (See Instructions)  Carlisle Insurance
<b>Date</b>  06/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  McCrackenBrown, Sean	<b>Amount of Contribution (\$)</b>  \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions)  Agent		Employer (See Instructions)  Carlisle Insurance
<b>Date</b>  01/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Meason, Toby	<b>Amount of Contribution (\$)</b>  \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79101	
Principal occupation / Job title (See Instructions)  Insurance Agent		Employer (See Instructions)  Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/129 Rpt: 78/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby .....  <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79101	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby .....  Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby .....  Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby .....  Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meason, Toby .....  Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/129 Rpt: 79/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven .....  <b>6</b> Contributor address; City; State; Zip Code  Centennial, TX 80112	<b>7</b> Amount of Contribution (\$) \$27.53
	<b>8</b> Principal occupation / Job title (See Instructions) Broker	<b>9</b> Employer (See Instructions) Colorado Benefit Advisors
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven .....  Contributor address; City; State; Zip Code  Centennial, TX 80112	Amount of Contribution (\$) \$27.53
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) Colorado Benefit Advisors
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven .....  Contributor address; City; State; Zip Code  Centennial, TX 80112	Amount of Contribution (\$) \$27.53
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) Colorado Benefit Advisors
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven .....  Contributor address; City; State; Zip Code  Centennial, TX 80112	Amount of Contribution (\$) \$27.53
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) Colorado Benefit Advisors
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven .....  Contributor address; City; State; Zip Code  Centennial, TX 80112	Amount of Contribution (\$) \$13.38
	Principal occupation / Job title (See Instructions) Broker	Employer (See Instructions) Colorado Benefit Advisors

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/129 Rpt: 80/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven <b>6</b> Contributor address; City; State; Zip Code  Centennial, TX 80112	<b>7</b> Amount of Contribution (\$) \$27.53
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) Colorado Benefit Advisors
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code  Centennial, TX 80112	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code  Centennial, TX 80112	Amount of Contribution (\$) \$27.53
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Steven Contributor address; City; State; Zip Code  Centennial, TX 80112	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Colorado Benefit Advisors
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Joanna Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TradeMark Insurace

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/129 Rpt: 81/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann .....  <b>6</b> Contributor address; City; State; Zip Code  .....  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hibbs Hallmark
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann .....  <b>Contributor address; City; State; Zip Code</b>  .....  Tyler, TX 75701	<b>Amount of Contribution (\$)</b>  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann .....  <b>Contributor address; City; State; Zip Code</b>  .....  Tyler, TX 75701	<b>Amount of Contribution (\$)</b>  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann .....  <b>Contributor address; City; State; Zip Code</b>  .....  Tyler, TX 75701	<b>Amount of Contribution (\$)</b>  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann .....  <b>Contributor address; City; State; Zip Code</b>  .....  Tyler, TX 75701	<b>Amount of Contribution (\$)</b>  \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hibbs Hallmark

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/129 Rpt: 82/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Derella Ann .....  <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hibbs Hallmark
<b>Date</b> 01/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75251	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
<b>Date</b> 02/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75251	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
<b>Date</b> 03/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75251	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance
<b>Date</b> 04/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75251	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) TexCap Insurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/129 Rpt: 83/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75251	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales	<b>9</b> Employer (See Instructions) TexCap Insurance
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Chris .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Sales	Employer (See Instructions) TexCap Insurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice .....  <b>6</b> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice .....  <b>6</b> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice .....  <b>6</b> Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/129 Rpt: 84/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice ..... <b>6</b> Contributor address; City; State; Zip Code  Fritch, TX 79036	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice ..... Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Candice ..... Contributor address; City; State; Zip Code  Fritch, TX 79036	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieswiadomy, Meredith ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$) \$13.38
Principal occupation / Job title (See Instructions) Benefit Sales Executive		Employer (See Instructions) BenefitMall
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad ..... Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/129 Rpt: 85/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad .....  <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$15.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad .....  Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad .....  Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad .....  Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oerman, Chad .....  Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$15.00
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/129 Rpt: 86/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jamie ..... <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77388	<b>7</b> Amount of Contribution (\$) \$6.25
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance	
<b>9</b> Employer (See Instructions) OneDigital		
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jamie ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77388	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Principal occupation / Job title (See Instructions)</b> Insurance	
<b>Employer (See Instructions)</b> OneDigital		
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jamie ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77388	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Principal occupation / Job title (See Instructions)</b> Insurance	
<b>Employer (See Instructions)</b> OneDigital		
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jamie ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77388	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Principal occupation / Job title (See Instructions)</b> Insurance	
<b>Employer (See Instructions)</b> OneDigital		
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jamie ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77388	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Principal occupation / Job title (See Instructions)</b> Insurance	
<b>Employer (See Instructions)</b> OneDigital		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/129 Rpt: 87/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jamie	<b>7</b> Amount of Contribution (\$) \$6.25
	<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77388	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) OneDigital
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/129 Rpt: 88/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	<b>7</b> Amount of Contribution (\$) \$6.25
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Rick	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78403	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75251	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Holmes Murphy & Associates
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75251	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Holmes Murphy & Associates
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75251	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Holmes Murphy & Associates

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/129 Rpt: 89/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pancerz, Claire	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75251	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Holmes Murphy & Associates
<b>Date</b> 01/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Sarah	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78451	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Carlisle Insurance Agency
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78730	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78730	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78730	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/129 Rpt: 90/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78730	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78730	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perryman, Melissa	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78730	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Sun Life Financial
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Sun Life Financial

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/129 Rpt: 91/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	
<b>9</b> Employer (See Instructions) Sun Life Financial		
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Sun Life Financial		
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Sun Life Financial		
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phifer, Joe ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75219	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Sun Life Financial		
<b>Date</b> 01/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Account Manager	
<b>Employer (See Instructions)</b> UnitedHealthcare Employer & Individual		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/129 Rpt: 92/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Account Manager	<b>9</b> Employer (See Instructions) UnitedHealthcare Employer & Individual
<b>Date</b> 03/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Account Manager	<b>Employer (See Instructions)</b> UnitedHealthcare Employer & Individual
<b>Date</b> 04/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Account Manager	<b>Employer (See Instructions)</b> UnitedHealthcare Employer & Individual
<b>Date</b> 05/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Account Manager	<b>Employer (See Instructions)</b> UnitedHealthcare Employer & Individual
<b>Date</b> 06/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Jennifer ..... <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Account Manager	<b>Employer (See Instructions)</b> UnitedHealthcare Employer & Individual

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/129 Rpt: 93/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) fresh benies
<b>Date</b> 02/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> fresh benies
<b>Date</b> 03/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> fresh benies
<b>Date</b> 04/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> fresh benies
<b>Date</b> 05/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> fresh benies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/129 Rpt: 94/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Reid	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) fresh benies
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Austin, TX 78748	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Austin, TX 78748	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Austin, TX 78748	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Austin, TX 78748	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/129 Rpt: 95/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Caleb	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78748	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/129 Rpt: 96/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Richiuso, Christine	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Houghton Financial Partners
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Houghton Financial Partners

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/129 Rpt: 97/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth ..... <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	
<b>9</b> Employer (See Instructions) Houghton Financial Partners		
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth ..... <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Houghton Financial Partners		
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth ..... <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Houghton Financial Partners		
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios-Carl, Elizabeth ..... <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Houghton Financial Partners		
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa ..... <b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78501	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> One Digital		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/129 Rpt: 98/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa .....  <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) One Digital
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa .....  <b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78501	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> One Digital
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa .....  <b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78501	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> One Digital
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa .....  <b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78501	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> One Digital
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Marisa .....  <b>Contributor address; City; State; Zip Code</b>  McAllen, TX 78501	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	<b>Employer (See Instructions)</b> One Digital

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/129 Rpt: 99/143	
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577	
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	<b>7</b> Amount of Contribution (\$) \$100.00	
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		
<b>9</b> Employer (See Instructions) Newkirk & Newkirk	<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike ..... <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77040	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Newkirk & Newkirk
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike ..... <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77040	<b>Amount of Contribution (\$)</b> \$100.00	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Newkirk & Newkirk
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike ..... <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77040	<b>Amount of Contribution (\$)</b> \$100.00	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Newkirk & Newkirk
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike ..... <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77040	<b>Amount of Contribution (\$)</b> \$100.00	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Newkirk & Newkirk

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/129 Rpt: 100/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Mike	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Newkirk & Newkirk
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boomer Benefits

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/129 Rpt: 101/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Boomer Benefits
<b>Date</b> 06/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Danielle	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76108	
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Boomer Benefits
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/129 Rpt: 102/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Judith	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> TexCap Insurance Services
<b>Date</b> 02/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> TexCap Insurance Services

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/129 Rpt: 103/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	
<b>9</b> Employer (See Instructions) TexCap Insurance Services		
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita ..... <b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> TexCap Insurance Services		
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita ..... <b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> TexCap Insurance Services		
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita ..... <b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> TexCap Insurance Services		
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolf, Rita ..... <b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> TexCap Insurance Services		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/129 Rpt: 104/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Charles	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Prosper, TX 75078	
<b>8</b> Principal occupation / Job title (See Instructions) Broker		<b>9</b> Employer (See Instructions) CPR Financial & Insurance Services, Inc.
<b>Date</b> 01/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Veronica	<b>Amount of Contribution (\$)</b> \$12.00
	<b>Contributor address; City; State; Zip Code</b>  Kingwood, TX 77339	
<b>Principal occupation / Job title (See Instructions)</b> Business Advisor		<b>Employer (See Instructions)</b> G & A Partners
<b>Date</b> 02/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Veronica	<b>Amount of Contribution (\$)</b> \$12.00
	<b>Contributor address; City; State; Zip Code</b>  Kingwood, TX 77339	
<b>Principal occupation / Job title (See Instructions)</b> Business Advisor		<b>Employer (See Instructions)</b> G & A Partners
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78249	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> United Healthcare
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78249	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Sales		<b>Employer (See Instructions)</b> United Healthcare

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/129 Rpt: 105/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Sales		<b>9</b> Employer (See Instructions) United Healthcare
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole ..... Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole ..... Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Nicole ..... Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) United Healthcare
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe ..... Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/129 Rpt: 106/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) The Insurance Exchange
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) The Insurance Exchange
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) The Insurance Exchange
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) The Insurance Exchange
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Joe .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) The Insurance Exchange

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/129 Rpt: 107/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ark Assurance
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ark Assurance
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ark Assurance
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ark Assurance
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Ark Assurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/129 Rpt: 108/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig ..... <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Ark Assurance
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike ..... Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike ..... Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike ..... Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike ..... Contributor address; City; State; Zip Code  Lewisville, TX 75057	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Brokerage, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/129 Rpt: 109/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75057	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) The Brokerage, Inc.
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mike	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75057	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> The Brokerage, Inc.
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77077	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Splawn & Associates
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77077	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Splawn & Associates
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77077	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Splawn & Associates

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/129 Rpt: 110/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<b>7</b> Amount of Contribution (\$) \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Splawn & Associates
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig ..... Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Splawn, W. Craig ..... Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Splawn & Associates
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene ..... Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene ..... Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Stair & Associates LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/129 Rpt: 111/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738	<b>7</b> Amount of Contribution (\$) \$7.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	
<b>9</b> Employer (See Instructions) Stair & Associates LLC		
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738	<b>Amount of Contribution (\$)</b> \$7.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Stair & Associates LLC		
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738	<b>Amount of Contribution (\$)</b> \$7.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Stair & Associates LLC		
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stair, B. Gene ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738	<b>Amount of Contribution (\$)</b> \$7.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Stair & Associates LLC		
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer ..... <b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75033	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent	
<b>Employer (See Instructions)</b> Marsh & McLennan		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/129 Rpt: 112/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75033	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Marsh & McLennan
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75033	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Marsh & McLennan
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75033	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Marsh & McLennan
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75033	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Marsh & McLennan
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jennifer	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75033	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Marsh & McLennan

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/129 Rpt: 113/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 02/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Deer Park, TX 77536	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Deer Park, TX 77536	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Deer Park, TX 77536	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 05/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Deer Park, TX 77536	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/129 Rpt: 114/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockstill, Beckie ..... <b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan ..... Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan ..... Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan ..... Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan ..... Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/129 Rpt: 115/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77389	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Lee, Susan	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77389	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/129 Rpt: 116/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton .....  <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton .....  <b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
<b>Date</b> 03/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton .....  <b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton .....  <b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
<b>Date</b> 04/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton .....  <b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	<b>Amount of Contribution (\$)</b> \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/129 Rpt: 117/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton ..... <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton ..... Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubbs, Clifton ..... Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Insurance Agent	Employer (See Instructions) Self
Date 01/20/2025	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 02/20/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/129 Rpt: 118/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra	<b>7</b> Amount of Contribution (\$) \$6.25
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76007	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Vogue Insurance
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76007	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Vogue Insurance
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76007	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Vogue Insurance
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Audra	<b>Amount of Contribution (\$)</b> \$6.25
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76007	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Vogue Insurance
<b>Date</b> 01/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76006	
<b>Principal occupation / Job title (See Instructions)</b> Insurance		<b>Employer (See Instructions)</b> Vogue Insurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/129 Rpt: 119/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76006	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Nicole	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Vogue Insurance

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/129 Rpt: 120/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75711	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hibbs Hallmark & Company
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75711	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Hibbs Hallmark & Company
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75711	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Hibbs Hallmark & Company
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75711	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Hibbs Hallmark & Company
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75711	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Hibbs Hallmark & Company

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/129 Rpt: 121/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Cynthia	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75711	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Hibbs Hallmark & Company
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79464	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79464	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79464	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79464	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/129 Rpt: 122/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79464	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sypert, Steve	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79464	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Carrollton, TX 75007	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Trusted Insurance Solutions
<b>Date</b> 02/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Carrollton, TX 75007	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Trusted Insurance Solutions
<b>Date</b> 03/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Carrollton, TX 75007	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Trusted Insurance Solutions

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/129 Rpt: 123/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007	
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Trusted Insurance Solutions
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Trusted Insurance Solutions
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Larry	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Trusted Insurance Solutions
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Austin, TX 78749	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Austin, TX 78749	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/129 Rpt: 124/143	
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577	
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749	<b>7</b> Amount of Contribution (\$) \$12.50	
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		
<b>9</b> Employer (See Instructions) Self	<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749	<b>Amount of Contribution (\$)</b> \$12.50	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Roblyn ..... <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749	<b>Amount of Contribution (\$)</b> \$12.50	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne ..... <b>Contributor address; City; State; Zip Code</b>  Garland, TX 75042	<b>Amount of Contribution (\$)</b> \$25.00	
	<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/129 Rpt: 125/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebing, C. Louanne ..... <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75042	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent	<b>9</b> Employer (See Instructions) Self
Date 03/20/2025	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 04/20/2025	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 05/20/2025	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 06/20/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/129 Rpt: 126/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Emily	<b>7</b> Amount of Contribution (\$) \$1,236.22
	<b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77396	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) Wise Up Financial
<b>Date</b> 06/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Alicia	<b>Amount of Contribution (\$)</b> \$12.00
	<b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Hoffman Insurance Group
<b>Date</b> 01/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78233	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Davidson Camp Insurance Services, LLC
<b>Date</b> 02/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78233	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Davidson Camp Insurance Services, LLC
<b>Date</b> 03/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78233	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Davidson Camp Insurance Services, LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/129 Rpt: 127/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78233	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria ..... Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Ramirez, Valeria ..... Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Davidson Camp Insurance Services, LLC
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth ..... 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 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth ..... Contributor address; City; State; Zip Code  Austin, TX 79721	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/129 Rpt: 128/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 79721	
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Nexus Insurance Marketing
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 79721	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 79721	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kenneth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 79721	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Nexus Insurance Marketing
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code  Houston, TX 77041	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Kilpatrick Companies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/129 Rpt: 129/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 02/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey .....  <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77041	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>8</b> Principal occupation / Job title (See Instructions) Account Executive	
<b>9</b> Employer (See Instructions) Kilpatrick Companies		
<b>Date</b> 03/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey .....  <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77041	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Account Executive	
<b>Employer (See Instructions)</b> Kilpatrick Companies		
<b>Date</b> 04/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey .....  <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77041	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Account Executive	
<b>Employer (See Instructions)</b> Kilpatrick Companies		
<b>Date</b> 05/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey .....  <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77041	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Account Executive	
<b>Employer (See Instructions)</b> Kilpatrick Companies		
<b>Date</b> 06/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Kasey .....  <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77041	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Principal occupation / Job title (See Instructions)</b> Account Executive	
<b>Employer (See Instructions)</b> Kilpatrick Companies		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/129 Rpt: 130/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny ..... <b>6</b> Contributor address; City; State; Zip Code  Kennedale, TX 76060	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny ..... Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny ..... Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny ..... Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny ..... Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/129 Rpt: 131/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallin, Johnny ..... <b>6</b> Contributor address; City; State; Zip Code  Kennedale, TX 76060	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willams, Brietta ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Hartman Insurance Services
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean ..... Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean ..... 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 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean ..... Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Medicare Man

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/129 Rpt: 132/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 04/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean	<b>7</b> Amount of Contribution (\$) \$12.50
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78259	
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Medicare Man
<b>Date</b> 05/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78259	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Medicare Man
<b>Date</b> 06/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, Sean	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78259	
<b>Principal occupation / Job title (See Instructions)</b> Agent		<b>Employer (See Instructions)</b> Medicare Man
<b>Date</b> 01/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Independent Insurance Advisors
<b>Date</b> 02/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Independent Insurance Advisors

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/129 Rpt: 133/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$) \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Independent Insurance Advisors
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter ..... <b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	<b>Amount of Contribution (\$)</b> \$12.50
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Independent Insurance Advisors
<b>Date</b> 05/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter ..... <b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	<b>Amount of Contribution (\$)</b> \$12.50
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Independent Insurance Advisors
<b>Date</b> 06/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Peter ..... <b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	<b>Amount of Contribution (\$)</b> \$12.50
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Independent Insurance Advisors

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> National Association of Benefit and Insurance Professionals - Texas PAC			
<b>4 TOTAL OF UNITEMIZED PLEDGES</b> <span style="float: right;">\$ 0.00</span>			
<b>5 Date</b>	<b>6 Full name of pledgor</b> ..... <b>7 Pledgor Address;</b> .....	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8 Amount of pledge (\$)</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (See Instructions)</b>		<b>11 Employer (See Instructions)</b>	

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 135/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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

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

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 143/143
<b>2</b> FILER NAME National Association of Benefit and Insurance Professionals - Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00042577
<b>4</b> Date 06/30/2025	<b>5</b> Name of person from whom amount is received Donna Howard Campaign .....	<b>8</b> Amount (\$) \$500.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78763	
	<b>7</b> Purpose for which amount is received	<input checked="" type="checkbox"/> Check if political contribution returned to filer