

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC	13 Filer ID (Ethics Commission Filers) 00015644
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Charles Schwertner State Senator

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,260.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 66,745.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Daniel O'Connell

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

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12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		13 Filer ID (Ethics Commission Filers) 00015644
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. David Cook State Senator 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Trent Ashby State Senator 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	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.)	Sen. Brent Hagenbuch State Senator

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12 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		13 Filer ID (Ethics Commission Filers) 00015644
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Dennis Paul State Senator 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.)	
	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.)	Sen. Brent Hughes State Senator
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.)	Sen. Bob Hall State Senator	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Andy Hopper State Representative
	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.)	Rep. Marc LaHood State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Mark Dorazio State Representative

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Jay Dean State Representative	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Hubert Vo State Representative	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Angelia Orr State Representative	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Stan Kitzman State Representative
	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.)	Rep. Caroline Harris Davila State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Pat Curry State Representative

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Venton Jones State Representative
	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.)	Rep. Elizabeth Campos State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Elizabeth Campos State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Charlene Ward Johnson State Representative

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	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.)	Rep. Harold Dutton State Representative
	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.)	Rep. Mary Ann Perez State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Jeff Leach State Representative	

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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Jared Patterson State Representative	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Alan Schoolcraft State Representative	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Jay Hardaway State Representative	
		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.)		

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	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.)	Rep. Trey Wharton State Representative
	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.)	Rep. Jeff Barry State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Cole Hefner State Representative

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	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.)	Rep. Helen Kerwin State Representative
	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.)	Rep. Cecil Bell, Jr. State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Angie Chen Button State Representative

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	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.)	Rep. Cody Harris State Representative
	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.)	Rep. Stan Gerdes State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Lacey Hull State Representative

SUBTOTALS - MPAC

17 COMMITTEE NAME National Association of Insurance and Financial Advisors - Texas PAC		18 Filer ID (Ethics Commission Filers) 00015644
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,574.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 686.20
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 15/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Cappilla	7 Amount of Contribution (\$) \$8.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1044	
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) Aaron Cappilla farmers insurance agency
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan, Holland	Amount of Contribution (\$) \$3.40
	Contributor address; City; State; Zip Code Houston, TX 77055-4412	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Principal
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alyson, Guest	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77042-5118	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) MetLife Premier Client Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Baker	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-3024	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Bailey Baker State Farm
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Malone	Amount of Contribution (\$) \$16.80
	Contributor address; City; State; Zip Code Lubbock, TX 79424-1225	
Principal occupation / Job title (See Instructions) Financial Professional		Employer (See Instructions) Level Four Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 16/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin, Gerald	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code McKinney, TX 75071-5670		
8 Principal occupation / Job title (See Instructions) Founder & Financial Advisor		9 Employer (See Instructions) NTXGen Advisors LLC
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Green	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Katy, TX 77450-1004		
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Third Rail Financial, LLC
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol, Metteauer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Palestine, TX 75803-6850		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Carol Metteauer
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline, Welch	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lakeway, TX 78738-1007		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Matejowsky	Amount of Contribution (\$) \$33.60
Contributor address; City; State; Zip Code Brenham, TX 77833-4605		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Van Dyke, Rankin Fin. Services

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 17/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri, Stanwix	7 Amount of Contribution (\$) \$16.80
	6 Contributor address; City; State; Zip Code Celina, TX 75009-4630	
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Stanwix Insurance & Benefits
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crissman, Crombie	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Benbrook, TX 76126-4525	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Crombie Financial Group, llc
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia, Price	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Amarillo, TX 79106-5730	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) New York Life Insurance CO & NYLIFE Securities
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny, O'Connell	Amount of Contribution (\$) \$84.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-2114	
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Next Level Insurance Agency, LLC
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Bronstad	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Bryan, TX 77802-4301	
Principal occupation / Job title (See Instructions) Financial Representative		Employer (See Instructions) Thrivent Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 18/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Cowee <hr/> 6 Contributor address; City; State; Zip Code Douglass, TX 75943-4514	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Pineywoods Financial & Retirement Planning Service
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Farabee <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301-6824	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Arthur J. Gallagher & Co
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Webb <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75964-1388	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Branch Manager		Employer (See Instructions) Pioneer Financial Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Carter <hr/> Contributor address; City; State; Zip Code Midland, TX 79701-5515	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Carter Financial Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don, Hutto <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-3264	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Hutto Insurance Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 19/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Massey	7 Amount of Contribution (\$) \$70.00
	6 Contributor address; City; State; Zip Code San Angelo, TX 76904-5772	
8 Principal occupation / Job title (See Instructions) Agent/Owner		9 Employer (See Instructions) OFG Financial Services, Inc.
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Vickers	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Bryan, TX 77808-8402	
Principal occupation / Job title (See Instructions) Financial_Advisor		Employer (See Instructions) Mutual of Omaha Companies
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique, Cisneros	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Socorro, TX 79927-3398	
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Enrique Cisneros Insurance
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Bentley	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Bullard, TX 75757-5345	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Customized Employee Benefit Plans of East Texas, I
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugene, Forsythe	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Houston, TX 77057-4732	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Northwestern Mutual

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 20/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filemon, Esquivel <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363-5774	7 Amount of Contribution (\$) \$3.40
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) New York Life
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Kneip <hr/> Contributor address; City; State; Zip Code Victoria, TX 77905-3178	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) Crossroads Insurance Professionals Inc.
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Schmiedekamp <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3673	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MR		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria, Guzman <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936-6231	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Guardian
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grover, Brillhart <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098-4036	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Penn Mutual Wealth Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 21/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollie, Gandy Donohue <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-4633	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) OwnerSenior Producer		9 Employer (See Instructions) Texas Retirement Solutions
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack, Knight <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-5908	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Agency Owner		Employer (See Instructions) Jack Knight Insurance Assoc
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason, Mickey <hr/> Contributor address; City; State; Zip Code Spring, TX 77388-5012	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Financial Advisor, Managing Associate		Employer (See Instructions) Wealth Design Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Schroeder <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833-5067	Amount of Contribution (\$) \$4.80
Principal occupation / Job title (See Instructions) AGENT		Employer (See Instructions) Southern Farm Bureau Life Insurance
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Hutson <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-5039	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Jim Hutson Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 22/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey, Ussery	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Bellville, TX 77418-3822	
8 Principal occupation / Job title (See Instructions) Regional V.P.		9 Employer (See Instructions) John Hancock Life Insurance
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Brieden	Amount of Contribution (\$) \$6.80
	Contributor address; City; State; Zip Code Brenham, TX 77833-4916	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) State Farm Insurance Companies
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Denton	Amount of Contribution (\$) \$3.40
	Contributor address; City; State; Zip Code Amarillo, TX 79109-3534	
Principal occupation / Job title (See Instructions) Field_Representative		Employer (See Instructions) Northwestern Mutual
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Rivard	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Dallas, TX 75214-2614	
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Borden Hamman Agency
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Still	Amount of Contribution (\$) \$6.80
	Contributor address; City; State; Zip Code Nacogdoches, TX 75965-3586	
Principal occupation / Job title (See Instructions) Agent/Owner		Employer (See Instructions) Still Financial Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 23/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Wheeler Jr. 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-1798	7 Amount of Contribution (\$) \$168.00
8 Principal occupation / Job title (See Instructions) Executive Senior Partner		9 Employer (See Instructions) Totus Wealth Management LLC
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon, Sharp Contributor address; City; State; Zip Code Victoria, TX 77904-3392	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) Other
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Kerr Contributor address; City; State; Zip Code Hutto, TX 78634-2143	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Kerr Financial Services
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, True Contributor address; City; State; Zip Code Dallas, TX 75214-3188	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) NAIFA - Dallas
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Haworth Contributor address; City; State; Zip Code Amarillo, TX 79159-0265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Haworth Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 24/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Boozer	7 Amount of Contribution (\$) \$34.00
6 Contributor address; City; State; Zip Code Denton, TX 76205-8008		
8 Principal occupation / Job title (See Instructions) Vice President - Marketing		9 Employer (See Instructions) Don Boozer & Assoc.
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannie, Jackson	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Coppell, TX 75019-4007		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Jackson Benefits Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley, Pinckard	Amount of Contribution (\$) \$22.80
Contributor address; City; State; Zip Code Fort Worth, TX 76135-4424		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) LP Insurance and Financial Services
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda, Goss	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641-3802		
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) Linda Goss
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Warren	Amount of Contribution (\$) \$84.00
Contributor address; City; State; Zip Code Denton, TX 76207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 25/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Spreen <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833-7708	7 Amount of Contribution (\$) \$20.80
8 Principal occupation / Job title (See Instructions) Financial Associate		9 Employer (See Instructions) Thrivent Financial
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Evans <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-3404	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Brokerage Manager		Employer (See Instructions) The DI Center
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Wilder <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-6324	Amount of Contribution (\$) \$3.40
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Shamrock Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Hopper <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007-2422	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) Other
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney, Mogen <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2453	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) DI/Business Insurance Expert for Advisor's		Employer (See Instructions) Brokerage Director @ Mass Mutual & Solve Ur Puzzle

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 26/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando, Barrera <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2634	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Agency_Owner		9 Employer (See Instructions) Roland Barrera Insurance
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronny, Bryant <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-6105	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Perry Hunter Hall
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Shannon <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077-1859	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Ruth Shannon State Farm
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T., Littleton <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2964	Amount of Contribution (\$) \$34.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Thomas L Littleton Ins Agy
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Mahony <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76132-1518	Amount of Contribution (\$) \$6.80
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TMA Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 27/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy, Roels <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116-5604	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) Marketing Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Miller <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-5331	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Agent Advisor		Employer (See Instructions) The Noble Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria, Henly <hr/> Contributor address; City; State; Zip Code San Augustine, TX 75972-1324	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Henly Insurance
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes, Wessel <hr/> Contributor address; City; State; Zip Code Willis, TX 77318-6431	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) General Agent		Employer (See Instructions) Wessel Advanced Insurance Solutions
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Montague <hr/> Contributor address; City; State; Zip Code Garland, TX 75044-3531	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Director of Development		Employer (See Instructions) Other

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/14 Rpt: 28/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuka, Nakahara-Goven <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75007-4852	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) Agent Advisor		9 Employer (See Instructions) New York Life

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/3 Rpt: 29/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Corporation / Labor Organization name Annie <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78413-4825	7 Amount of contribution (\$) \$6.00
Date 02/10/2026	Corporation / Labor Organization name Brett <hr/> Corporation / Labor Organization address; City; State; Zip Code Palestine, TX 75801-2277	Amount of contribution (\$) \$6.80
Date 02/10/2026	Corporation / Labor Organization name Chane <hr/> Corporation / Labor Organization address; City; State; Zip Code Montgomery, TX 77316-6882	Amount of contribution (\$) \$10.00
Date 02/10/2026	Corporation / Labor Organization name Charles <hr/> Corporation / Labor Organization address; City; State; Zip Code Decatur, TX 76234-1373	Amount of contribution (\$) \$16.80
Date 02/10/2026	Corporation / Labor Organization name Dereck <hr/> Corporation / Labor Organization address; City; State; Zip Code Shallowater, TX 79363-5136	Amount of contribution (\$) \$40.00
Date 02/10/2026	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code Plano, TX 75075-7729	Amount of contribution (\$) \$6.80
Date 02/10/2026	Corporation / Labor Organization name Frank <hr/> Corporation / Labor Organization address; City; State; Zip Code Tomball, TX 77377-8649	Amount of contribution (\$) \$4.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/3 Rpt: 30/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Corporation / Labor Organization name Jason <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Floresville, TX 78114-0576	7 Amount of contribution (\$) \$84.00
Date 02/10/2026	Corporation / Labor Organization name Jim <hr/> Corporation / Labor Organization address; City; State; Zip Code Eastland, TX 76448-0895	Amount of contribution (\$) \$6.80
Date 02/10/2026	Corporation / Labor Organization name Joe <hr/> Corporation / Labor Organization address; City; State; Zip Code Fort Worth, TX 76116-1620	Amount of contribution (\$) \$3.40
Date 02/10/2026	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-8716	Amount of contribution (\$) \$10.00
Date 02/10/2026	Corporation / Labor Organization name John <hr/> Corporation / Labor Organization address; City; State; Zip Code Nacogdoches, TX 75965-1929	Amount of contribution (\$) \$100.00
Date 02/10/2026	Corporation / Labor Organization name Keith <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78258-7540	Amount of contribution (\$) \$20.00
Date 02/10/2026	Corporation / Labor Organization name Lilia <hr/> Corporation / Labor Organization address; City; State; Zip Code Corpus Christi, TX 78411-4917	Amount of contribution (\$) \$6.80

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/3 Rpt: 31/31
2 FILER NAME National Association of Insurance and Financial Advisors - Texas PAC		3 Filer ID (Ethics Commission Filers) 00015644
4 Date 02/10/2026	5 Corporation / Labor Organization name Mark <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77277-1465	7 Amount of contribution (\$) \$120.00
Date 02/10/2026	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78270-1307	Amount of contribution (\$) \$10.00
Date 02/10/2026	Corporation / Labor Organization name Michael <hr/> Corporation / Labor Organization address; City; State; Zip Code HEATH, TX 75032-5998	Amount of contribution (\$) \$6.80
Date 02/10/2026	Corporation / Labor Organization name Peter <hr/> Corporation / Labor Organization address; City; State; Zip Code Spring, TX 77379-2542	Amount of contribution (\$) \$10.00
Date 02/10/2026	Corporation / Labor Organization name Raymond <hr/> Corporation / Labor Organization address; City; State; Zip Code Pearland, TX 77581-5853	Amount of contribution (\$) \$8.00
Date 02/10/2026	Corporation / Labor Organization name Thomas <hr/> Corporation / Labor Organization address; City; State; Zip Code Irving, TX 75038-4413	Amount of contribution (\$) \$200.00
Date 02/10/2026	Corporation / Labor Organization name Vincente <hr/> Corporation / Labor Organization address; City; State; Zip Code Amarillo, TX 79118-9390	Amount of contribution (\$) \$10.00