MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015593	2 Total pages filed: 18
3 COMMITTEE NAME			OFFICE USE ONLY
Political Action Cor	Date Received		
			ELECTRONICALLY FILED 01/03/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	P.O. Box 684487		
Change of Address	Austin, TX 78768		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Mr. Regan M		Receipt # Amount
	NICKNAME LAST	SUFF	Date Processed
	Ellmer	0011	Date Imaged
	Linter		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE
TREASURER	1115 San Jacinto Blvd, Suite 100		
STREET ADDRESS			
(Residence or Business)	Austin, TX 78701		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE
TREASURER	1115 San Jacinto Blvd, Suite 100	, , , , , , , , ,	
MAILING ADDRESS			
Change of Address	Austin, TX 78701		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 493-2454		
FIONE	(512) 495-2454		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	X January 5 April	5 July 5	October 5
DEADLINE			
	February 5 May	5 August 5	November 5
	March 5 June	5 September 5	December 5
11 PERIOD COVERED	Month Day Year	Month FHROUGH	
COVERED	11/26/2023	12/25	5/2023
	GO 1	TO PAGE 2	
Forms provided by Tex	as Ethics Commission www.et	hics.state.tx.us	Version V3.5.1.f1b8c3f1

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Political Action Commit	tee Of The Independen	t Insurance Agents Of Texas	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Berry State Representativ	re	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,469.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	784,590.98
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Regar	n M. Ellmer	
		Signature of Car		Irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	his the	day
		which, witness my hand and seal of office.		,
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.f1b8c3f1

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC ADDENDUM Page 3 of 18
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committe	e Of The Independent	i Insurance Ag	ents Of Texas	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rhetta Bowers State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dr. Greg Bonnen State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dr. Dawn Buckingham A	griculture Commissione	er
(Attach lists on plain paper to complete this report if necessary.)		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			

MONTHLY FI	LING GPAC R	EPORT:	PURPOS	SE		FORM MPAC
						Page 4 of 18
12 COMMITTEE NAME Political Action Committe	e Of The Independent	Insurance Age	ents Of Texas		13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Travis Clardy	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Martinez	Fischer State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
	•	•				

MONTHLY FI	LING GPAC R	EPOR	: PURPO)SE		FORM MPAC ADDENDUM Page 5 of 18
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	e Of The Independent	Insurance /	Agents Of Texa	S	00015593	(
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		d Caroline Ha	rris State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	i			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	^d Gena Hinojo	osa State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		d Bryan Hugh	es State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	·			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

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				1	
12 COMMITTEE NAME Political Action Committee	Of The Independent	Insurance Age	ents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman State Senator	<u> </u>	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Representative	3	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)		John Kuempel State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
	· · · · ·				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

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12 COMMITTEE NAME	Of The Independent		onts Of Toylog	13 Filer ID 00015593	(Ethics Commission Filers)
Political Action Committee		Insurance Ag	ents of Texas	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwertner State Ser	nator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A Supported	John Smithee State Represer	ntativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		John Smillie State Represer	lalive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kronda Thimesch State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

MONTHLY FI	LING GPAC F	EPORT: PURPOSE		FORM MPAC
				Page 8 of 18
12 COMMITTEE NAME Political Action Committe	e Of The Independent	Insurance Agents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Chris Turner State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)			

FORM MPAC COVER SHEET PG 3

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17 COMMITTE		18 Filer ID	(Ethics Commission Filers)					
Political A								
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	\$ 40.00							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$					
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 473.28					
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 955.98					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 4,500.00					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					

SUBTOTALS - MPAC

MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 10/18
2 FILER NAME Political Action	on Committee Of The Independent Insurance	3 Filer ID (Ethics Commission Filers) 00015593	
4 Date 11/27/2023	 5 Full name of contributor out-of-state PAG Broz, Todd 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$40.00
	Austin, TX 78768-4487		
8 Principal occu RLI Account	pation / Job title (See Instructions) Manager	9 Employer (See Instruction IIAT	s)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C3: Sch: 1/1 Rpt: 11/18		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	12/06/2023		Independent Insurance Agents of Texas		473.28	

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	12/25/2023		Independent Insurance Agents of Texas				955.98

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/6 Rpt: 13/18	Political Action Committee Of The Independent Insurance 00015593			
4 Date	5 Payee name			
11/28/2023	Bryan Hughes for Texas Senate			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	P.O. Box 450			
Expenditure from corporate funds	Mineola, TX 75773			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nameOffice soughtOffice heldHughes, BryanState Senator			
Date	Payee name			
12/14/2023	Caroline Harris for State Rep			
Amount (\$) \$250.00	Payee address; City; State; Zip Code 0 PO Box 700			
X Expenditure from corporate funds	Round Rock, TX 78680			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION 			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	Harris, Caroline State Representative			
Date	Payee name			
11/28/2023	Charlie Geren Campaign			
Amount (\$) \$250.00	Payee address;City;State; Zip CodePO BOX 1440			
X Expenditure from corporate funds	Fort Worth, TX 76101			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION 			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Geren, Charlie State Representative				

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 2/6 Rpt: 14/18	Political Action Committee Of The Independent Insurance 00015593		
4 Date 12/06/2023	5 Payee name Chris Turner Campaign		
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 182093		
X Expenditure from corporate funds	Arlington, TX 76096		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBTION 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtOffice heldITurner, ChrisState Representative		
Date	Payee name		
11/28/2023	Dr. Dawn Buckingham Campaign		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1005 Congress Ave, Suite 400		
X Expenditure from corporate funds	Austin, TX 78701		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held ^I Buckingham, Dawn Land Commissioner		
Date	Payee name		
12/06/2023	Friends of Dr. Greg Bonnen		
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 1183		
X Expenditure from corporate funds	Friendswood, TX 77549		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION 		
Complete ONLY if directCandidate/Officeholder nameOffice soughtOffice heldexpenditure to benefit C/OHBonnen, GregState Representative			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 3/6 Rpt: 15/18	Political Action Committee Of The Independent Insurance	00015593		
4 Date	5 Payee name			
11/28/2023	Gina Hinojosa Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	PO Box 300095			
X Expenditure from corporate funds	Austin, TX 78703			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
		CONTRIBUTION		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OH Hinojosa, Gina State Representative				
Date	Payee name			
11/28/2023	Jeff Barry Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00				
Expenditure from corporate funds	Pearland, TX 77588			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.		
		n, TX, officeholder living expense		
	POLITICAL	CONTRUBUTION		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/O				
Date	Payee name			
11/28/2023	Joan Huffman Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	3733-1 Westheimer Suite #40			
X Expenditure from corporate funds	Houston, TX 77027			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		outside of Texas. Complete Schedule T.		
		n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	H Huffman, Joan State Senator			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)		
Sch: 4/6 Rpt: 16/18	Political Action Committee Of The Independent Insurance 00015593			
4 Date	5 Payee name			
11/28/2023	John Kuempel Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	PO Box 177			
X Expenditure from corporate funds	Seguin, TX 78165			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
	POLTICAL CONTRIBUTION			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	H Kuempel, John State Representative			
Date	Payee name			
12/06/2023	John Smithee Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00				
X Expenditure from corporate funds	Amarillo, TX 79101			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee Delta Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION			
	TOLHCAL CONTRIBUTION			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
11/28/2023	Kronda Thimesch Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	1301 Justin Road STE 201-310			
X Expenditure from corporate funds	Lewisville, TX 75077			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH Thimesch, Kronda State Representative				

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/6 Rpt: 17/18	Political Action Committee Of The Independent Insurance 00015593		
4 Date	5 Payee name		
12/06/2023	Lacey Hull Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$250.00	PO Box 19231		
X Expenditure from corporate funds	Houston, TX 77224		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee		
	Candidate/Officeholder/Political Committee Delta Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
11/28/2023	Rhetta Bowers Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	3526 Lakeview Parkway Suite B-211		
X Expenditure from corporate funds	Rowlett, TX 75088		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
-	Candidate/Officeholder/Political Committee Deltrical Committee POLITICAL CONTRIBUTION		
	FOLITICAL CONTRIBUTION		
Complete ONILV if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			
Date	Payee name		
11/28/2023	Texans for Charles Schwertner		
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	PO Box 2448		
X Expenditure from corporate funds	Georgetown, TX 78627		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Delta Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION		
	FOLITICAL CONTRIBUTION		
Complete ONILX if direct	Candidata/Office hald		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Schwertner, Charles State Senator			
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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 EILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 6/6 Rpt: 18/18	Political Action Committee Of The Independent Insurance	00015593		
4 Date	5 Payee name			
12/06/2023	Travis Clardy Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	209 E. Main Street			
X Expenditure from corporate funds	Nacogdoches, TX 75961			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.		
		if Austin, TX, officeholder living expense		
	POLTIC	CAL CONTRIBUTION		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/O				
Date	Payee name			
12/14/2023	Trey Martinez Fischer Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
.,				
\$250.00	104 Babock Suite 107			
Expenditure from corporate funds	San Antonio, TX 78201			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ion		
OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Candidate/Officeholder/Political Committee	if Austin, TX, officeholder living expense		
	POLTIC	CAL CONTRIBUTION		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/O	^{DH} Martinez Fischer, Trey State Representative			