FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015593 3 COMMITTEE NAME **OFFICE USE ONLY** Political Action Committee Of The Independent Insurance Agents Of Texas Date Received **ELECTRONICALLY FILED** 03/04/2024 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 MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Regan M. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Ellmer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1115 San Jacinto Blvd, Suite 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1115 San Jacinto Blvd, Suite 100 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 493-2454 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID	3 Filer ID (Ethics Commission Filers)		
Political Action Commit	tee Of The Independen	t Insurance Agents Of Texas	00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Giovani Capriglione State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	60,725.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	803,855.97
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr Regar	n M. Ellmer	
		Signature of Car		ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	_, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	e Of The Independent	t Insurance A	Agents Of Tex	as	0001559	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Harlod Dut	ton State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Ray Lopez	State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	·d			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Venton Jor	nes State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	e Of The Independent	t Insur	ance Ag	ents Of Texas		00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ipported	Christian Manuel State	e Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Op	pposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	upported				
		B. Op	pposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Su	ipported	Suleman Lalani State	Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Op	pposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Su	upported				
		B. Op	pposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Su	ipported	Trey Wharton State Ro	epresentat	ive	
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	pposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Su	upported				
		B. Op	pposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance Aç	gents Of Texas	00015593	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Dr. Lynn Stuckly State Represe	entative	
paper to complete this report if necessary.)					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Justin Holland 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jimmy Blacklock Supreme Cou	rt Justice	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	t Insurance Age	nts Of Texas		00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Judith Zaffarir	i 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. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kronda Thime	sch State Repres	sentative	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David spiller	State Representat	ive	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	t Insurance Ag	ents Of Texas	00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Representa	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach State Chairman		
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	•	•			

COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
olitical Action Committe	e Of The Independent	t Insu	ırance Ag	ents Of Texas		00015593	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	John Devine Supr	eme Court Ju	stice	
(Attach lists on plain paper to complete this report if necessary.)		В. С	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		В. С	Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. S	Supported	Ben Bumgerner S	tate Represer	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		В. С	Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. S	Supported	Jill Dutton State R	epresentative		
(Attach lists on plain paper to complete this report if necessary.)		В. С	Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		В. С	Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance Ag	ents Of Texas		00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Candy Nobel	State Representa	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.)		Ellen Troxclair	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cesar Blanco	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. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	44,					

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				13 Filer ID	(Ethics Commission Filers)
Of The Independent	Insurance Age	ents Of Texas		00015593	
Candidates (Identify by name or, if applicable, classify by party.)		Reggie Smith	State Represer	ntative	
	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.)					
Candidates (Identify by name or, if applicable, classify by party.)		John Kuempel	State Represe	entative	
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted					
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.)	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported John Kuempel State Represe of the property	2. Measures (Identify by name or, if applicable, classify by parry.) B. Opposed A. Supported Coescribe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported Cuestify by name or, if applicable, classify by parry.) A. Supported John Kuempel State Representative Coescribe by date and location of election and nature of issue.) B. Opposed A. Supported John Kuempel State Representative Coescribe by date and location of election and nature of issue.) B. Opposed A. Supported John Kuempel State Representative Coescribe by date and location of election and nature of issue.) B. Opposed A. Supported Coescribe by date and location of election and nature of issue.)

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

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		EE NAME ction Committee Of The Independent Insurance Agents Of Texas	18 Filer ID 00015593	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	46,699.34
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 CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	12,507.48
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	1,518.73
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS	\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	10,250.00
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 CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/26 Rpt: 12/47	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Independ	ent Insurance Agents	Of Texas		00015593	
4	Date 02/22/2024)	7	Amount of Contribution (\$)	\$250.00
		Rockport, TX 78381-1478					
8	Principal occu Insurance Aç	pation / Job title (See Instructions) genct	S	Employer (See Instructions GSM Insurors-Alpine	5)		
	Date 02/12/2024	Full name of contributor Aoueille, John Contributor address; City; Stat Marble Falls, TX 78654-028	·)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Agenct			Watkins Insurance Grou	ıp		
	Date 01/29/2024	Full name of contributor Archer, Charlie Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Leander, TX 78641-2771					
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions EMG Brokerage			
	Date 02/20/2024	Full name of contributor Bailey, Wes Contributor address; City; Stat Waco, TX 76703-0298	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	genct		Bailey Insurance & Risk	Ma	anagement, Inc.	
	Date 02/14/2024	Full name of contributor Bass, Mike Contributor address; City; Stat Dallas, TX 75251-1813	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		TexCap Insurance			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUI	_E A1
	The Instru	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 13/47	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Independe	nt Insurance Agents C	of Texas		00015593	
4	Date 02/20/2024	5 Full name of contributorBayless Jr., W.6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
•	Dringing Logov	Denison, TX 75021-1229	lo.	Employer (Coo Instructions			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Insurance A			W. David Bayless, Inc.			
	Date 02/20/2024	Full name of contributor Beers, Lisa Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75240-1381					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	genct		Swingle, Collins & Asso	cia	tes	
	Date 01/30/2024	Full name of contributor Bejarano, Jennifer Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78768-4487					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		Independent Insurance	Ag	ents of Texas	
	Date 02/15/2024	Full name of contributor Benavides, Ayla Contributor address; City; State Houston, TX 77063-1528	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions IIA Houston	5)		
	Date 02/14/2024	Full name of contributor Bibby, Pete Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75206-6536					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç			Bibby, Brilling & Associa		s, LLP	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 14/47	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Political Action	on Committee Of The Indepen		Of Texas		00015593	
4	Date 02/20/2024	 5 Full name of contributor Blystone, Jerry 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
		Texas City, TX 77591-245	7				
8		pation / Job title (See Instructions)	9	, , ,	5)		
	Insurance Aç	genct		Texas First Insurance			
	Date 02/23/2024	Full name of contributor Bowler, Shirley Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$15.00
		Gretna, LA 70054-1089					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	genct		Texas Surplus Line Rep	ort	er	
	Date 01/30/2024	Full name of contributor Boyce, Samuel	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.34
		Contributor address; City; Sta Amarillo, TX 79105-1070	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> 5)		
	Insurance A	genct		Williams-Boyce Agency	, LI	_P	
	Date 02/20/2024	Full name of contributor Bradford, Clint Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$100.00
-	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	;) [
	Insurance A	genct		Watkins Insurance Grou			
	Date 02/20/2024	Full name of contributor Brosin, Olivia	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Contributor address; City; Sta McKinney, TX 75070-8695	·				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		Swingle, Collins & Asso	cia	tes	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 15/47	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Indeper	ident Insurance Agents	Of Texas		00015593	
4	Date 02/16/2024	5 Full name of contributor Brown, Andrew6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75251-1813					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Aç	genct		TexCap Insurance			
	Date 02/14/2024	Full name of contributor Brown, Andrew Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	D: : 1	Dallas, TX 75251-1813	, I	-	$\overline{\Gamma}$		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	jenct 		TexCap Insurance			
	Date 02/13/2024	Full name of contributor Brown, Gaylon Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75251-1813					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	genct		TexCap Insurance			
	Date 02/13/2024	Full name of contributor Brown, Kelley Contributor address; City; St Dallas, TX 75240-1381	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	genct		Swingle, Collins & Asso	cia	tes	
	Date 02/22/2024	Full name of contributor Bruce, Philip Contributor address; City; St Abilene, TX 79604-1400	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Aç	genct		Perry Hunter Hall, Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 16/47	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Political Action	on Committee Of The Independ	dent Insurance Agents (Of Texas		00015593	
4	Date 02/16/2024	5 Full name of contributor [Carlson, Crystal 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75240-1381					
8		pation / Job title (See Instructions)	9	1 7 (
	Insurance A	genct		Swingle, Collins & Asso	cia	tes	
	Date 02/23/2024	Full name of contributor Carroll Jr., David Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77095-3296					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	genct		Carroll Insurance Agend	y,	Ltd.	
	Date 02/19/2024	Full name of contributor [Carter, Stuart Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75240-1381					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	genct		Swingle, Collins & Asso	cia	tes	
	Date 01/30/2024	Full name of contributor Chi, Mingchen Contributor address; City; Sta Austin, TX 78744-5311	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		Nomad Insurance Agen	су	Inc.	
	Date 01/26/2024	Full name of contributor [Couch, Barry Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$500.00
	Delevie I	Austin, TX 78735-6204		Fundament (O. 1. 1. 1. 1.			
		pation / Job title (See Instructions)		Employer (See Instructions		viana Ina	
	Insurance Aç	yenet	<u> </u>	HealthSure Insurance S	er\	iices, IIIc.	

	WONET	ARY POLITICAL (CONTRIBUTIO	CNIC		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 17/47	
2	FILER NAME Political Action	on Committee Of The Indeper	ndent Insurance Agent	s Of Texas	3	Filer ID (Ethics Commission 00015593	n Filers)
4	Date 02/14/2024	5 Full name of contributor Couch, Brant6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78735-6204					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Insurance A	genct		HealthSure Insurance S	Serv	vices, Inc.	
	Date 02/21/2024	Full name of contributor Creel, Jay Contributor address; City; St				Amount of Contribution (\$)	\$400.00
		Dallas, TX 75240-1381					
		pation / Job title (See Instructions	3)	Employer (See Instructions		4	
	Insurance A	genct 		Swingle, Collins & Asso	cıa		
	Date 02/19/2024	Full name of contributor Crombie, DeAnna Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	Dringing con	Dallas, TX 75240-1381		Employer (See Instructions	<u> </u>		
	Insurance A	pation / Job title (See Instructions genct	o)	Swingle, Collins & Asso		tes	
	Date 02/19/2024	Full name of contributor Cromwell, Harold				Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	pation / Job title (See Instructions	5)	Employer (See Instructions Watkins Insurance Grou	-		
	Date 02/19/2024	Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$750.00
	Dringing!			Employer (Coo Instructions	<u></u>		
	Insurance A) 	Swingle, Collins & Asso		tes	
	•	Dallas, TX 75240-1381 pation / Job title (See Instructions genct	s)	Employer (See Instructions Swingle, Collins & Asso		tes	

	MONEI	ARY POLITICAL CONTRIBU	HON	NS		SCHEDUL	_E A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 18/47	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Independent Insurance A	Agents (Of Texas		00015593	
4	Date 02/24/2024	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	\$25.00
	02/24/2024	Dempsey, Laurence					\$25.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77244-1587					
8		pation / Job title (See Instructions)	9	1 3 (
	Insurance A	genct		Pathfinder/LL&D Insura	nce	Group, LLC	
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	01/31/2024	Dies, Tommy					\$2,500.00
		Contributor address; City; State; Zip Code					
		Graham, TX 76450-0839					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Insurance Aç	genct		Bryan Insurance Agenc	y, L	td	
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/20/2024	Drushel, Lois					\$100.00
		Contributor address; City; State; Zip Code					
		Edna, TX 77957-2725					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance A			Security Insurance Age			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/19/2024	Elliott, Leslie	`			()	\$750.00
		Contributor address; City; State; Zip Code					
		Dallac TV 75240 1201					
_	Principal occu	Dallas, TX 75240-1381 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Insurance A			Swingle, Collins & Asso		tes	
-	Date	Full name of contributor out-of-state PAC	(ID#·		Π	Amount of Contribution (\$)	
	01/28/2024	Ellmer, Regan	(ID#			Amount of Contribution (4)	\$500.00
		Contributor address; City; State; Zip Code					
		, , , , , , , , , , , , , , , , , , ,					
		Austin, TX 78768-4487			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions		onto of Toyos	
	Director of G	overnment Affairs		Independent Insurance	Аg	enis di Texas	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 19/47	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Indepen	dent Insurance Agents	s Of Texas		00015593	
4	Date 02/14/2024	5 Full name of contributorEscamilla, Ruth6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Houston, TX 77027-9128 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions) 		
•	Insurance Ag		,	Cadence Insurance	,		
	Date 02/19/2024	Full name of contributor Evans, Andrew Contributor address; City; St. Dallas, TX 75240-1381	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$110.00
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Aç	genct		Swingle, Collins & Asso	cia	tes	
	Date 01/30/2024	Full name of contributor Fasy, J.R. Contributor address; City; St.	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$90.00
	Dringing aggr	Jupiter, FL 33477-6427	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	<u>, </u>		
	Insurance Aç	pation / Job title (See Instructions) nenct	,	CRC Group)		
	Date 01/28/2024	Full name of contributor Fendley, Clifton Contributor address; City; St. Paris, TX 75461-0459	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu Insurance Aç	pation / Job title (See Instructions genct)	Employer (See Instructions Pierson & Fendley Insur	•	ce Agency, LLC	
	Date 02/21/2024	Full name of contributor Fierro, Tony Contributor address; City; St. Rockwall, TX 75087-5100)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Insurance Aç	pation / Job title (See Instructions genct		Employer (See Instructions K&S Insurance	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 20/47	
2	FILER NAME Political Action	on Committee Of The Independent Insurance Age	nts (Of Texas	3	Filer ID (Ethics Commission 00015593	n Filers)
4	Date 02/22/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_	Dringing! aggr	Idalou, TX 79329-1365		Employer (Coo Instructions	<u></u>		
8	Insurance Ag	pation / Job title (See Instructions) genct	9	Employer (See Instructions Isom - Foote Insurance		ency	
	Date 02/19/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occur	Grapevine, TX 76051-7529 pation / Job title (See Instructions)	_	Employer (See Instructions	z) 		
	Insurance Aç	,		Box Insurance Agency	۶)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID: Freudenburg, Henry Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$100.00
		Galveston, TX 77551-1883					
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions Henry Freudenburg Inst	-	nce Agency, Inc.	
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID: Garner, Tracie Contributor address; City; State; Zip Code Fort Worth, TX 76102-4740			•	Amount of Contribution (\$)	\$75.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions INSURICA	5)		
	Date 01/30/2024	Full name of contributor out-of-state PAC (IDa Garofalo, Marcello Contributor address; City; State; Zip Code Camarillo, CA 93010-9025	#:			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions Pinnicle Minds Ins.	5)		
	moditation Ag	90.100		. Hillion Willias IIIs.			

	MONEI	ARY POLITICAL CONTRIBUTIO)N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 21/47	
2	FILER NAME	Committee Of The Indian and anti-	- 0	f Taura	3	Filer ID (Ethics Commission	n Filers)
		on Committee Of The Independent Insurance Agents		T Texas		00015593	
4	Date 02/22/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
•	Dringing aggr	Rockwall, TX 75087-0277		Employer (Coo Instructions			
8	Insurance A	' '		Employer (See Instructions K&S Insurance	5)		
	IIISUIAIICE A			Nas ilisurance			
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: Gillispie, Lee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Camarillo, CA 93010-9025					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	genct		Pinnicle Minds Ins.			
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Godby, Sandra Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Willow Park, TX 76087					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance A	genct		Godby Insurance Agend	y,	LLC	
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_Graves, John Contributor address; City; State; Zip Code Cedar Park, TX 78613-7980)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Insurance Aç	genct		Graves Group Insurance	e A	gency LLC	
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Greenleaf, Brandy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
L	Principal occur	Midland, TX 79702-3128 pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	Insurance A			Employer (See Instructions Midland Insurance Servi		s, Inc.	

	MONET	ARY POLITICAL (CONTRIBUTIO	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 22/47	
2	FILER NAME Political Action	on Committee Of The Indepe	ndent Insurance Agent	s Of Texas	3	Filer ID (Ethics Commission 00015593	n Filers)
4	Date 02/16/2024	5 Full name of contributor Hardin, Tye6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
_	Diania da ance	Dripping Springs, TX 786		O Frankrije (Oor het veiker			
8	Insurance A	pation / Job title (See Instruction genct	5)	9 Employer (See Instructions Watkins Insurance Ground			
	Date 02/24/2024	Full name of contributor Hart, Ashley Contributor address; City; S	tate; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77241-1328 pation / Job title (See Instruction		Employer (See Instructions	 s)		
	Insurance A			Cravens/Warren & Com		ny	
	Date 02/16/2024	Full name of contributor Head, Chip Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Principal occu	Goldthwaite, TX 76844-0 pation / Job title (See Instruction		Employer (See Instructions	s)		
	Insurance A		-,	Head Insurance	-,		
	Date 02/16/2024	Full name of contributor Hernandez, Freedom Contributor address; City; S Dallas, TX 75252-5862	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instruction	s)	Employer (See Instructions Swingle, Collins & Asso		res	
	Date 02/12/2024	Full name of contributor Hicks, Robert Contributor address; City; S Tyler, TX 75701-8716	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Insurance Aç	pation / Job title (See Instruction	5)	Employer (See Instructions Thompson-Hicks	s)		
		,					

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 23/47	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Political Action	on Committee Of The Independent	dent Insurance Agents C	Of Texas		00015593	
4	Date 02/14/2024	5 Full name of contributor Howell, Brent 6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$250.00
_	Date de la cons	Dripping Springs, TX 7875		Frankrije (Ozakativativa			
8		pation / Job title (See Instructions)	9	1 , (
	Insurance A	genct 		Watkins Insurance Grou	р		
	Date 02/20/2024	Full name of contributor Huffman, David Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Teague, TX 75860-1029					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	genct		Huffman Insurance Age	ncy	1	
	Date 02/14/2024	Full name of contributor Irwin, Matt Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$250.00
		Amarillo, TX 79101-1406			L		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	genct		INSURICA			
	Date 02/14/2024	Full name of contributor Karkowsky, Frank Contributor address; City; Sta Houston, TX 77007-8265	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		Pasadena Insurance Ag	en	cy, Inc	
	Date 02/19/2024	Full name of contributor Kelley, Travis Contributor address; City; Sta Austin, TX 78759-8977	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance A			Watkins Insurance Grou			
			<u> </u>				

	MONEI	ARY POLITICAL CONTRIBU	JIION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 13/26 Rpt: 24/47	
2	FILER NAME	on Committee Of The Independent Insurance	Agents (Of Texas	3	Filer ID (Ethics Commission 00015593	on Filers)
4	Date	5 Full name of contributor out-of-state PA)	7	Amount of Contribution (\$)	
	02/07/2024	Kizer, Terri 6 Contributor address; City; State; Zip Code					\$100.00
		Corpus Christi, TX 78463-3280					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>l</u> ;)		
	Insurance Aç			Keetch & Associates Ins		ance	
-	Date	Full name of contributor Out-of-state PA	C (ID#:		Π	Amount of Contribution (\$)	
	02/20/2024	Kloc, Jeffrey	.C (ID#			ranount of Continuation (\$)	\$100.00
	OZ/ZO/ZOZ-	Contributor address; City; State; Zip Code					Ψ100.00
		Contributor address, City, State, Zip Code					
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance A	genct		Watkins Insurance Grou	ıp		
_	Date	Full name of contributor out-of-state PA	.C. (ID#:)	Г	Amount of Contribution (\$)	
	02/15/2024	Kluempers, Lindsey				(.,	\$100.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75240-1381					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	genct		Swingle, Collins & Asso	cia	es	
	Date	Full name of contributor out-of-state PA	.C (ID#:)		Amount of Contribution (\$)	
	02/24/2024	Kurtz, Richard					\$50.00
		Contributor address; City; State; Zip Code			l		
		Houston, TX 77244-1587					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	genct		Pathfinder/LL&D Insura	nce	Group, LLC	
	Date	Full name of contributor ut-of-state PA	.C (ID#:)		Amount of Contribution (\$)	
	02/13/2024	Lee, Jon					\$1,000.00
		Contributor address; City; State; Zip Code			1		
		Cleburne, TX 76033-0039					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	genct		Marshall Young Insuran	се	Agency LLC	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.		al pages Schedule A1: n: 14/26 Rpt: 25/47	
2	FILER NAME					r ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Independ	dent Insurance Agents	Of Texas	000	15593	
4	Date 02/18/2024	5 Full name of contributor Lentz, Jeff6 Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amo	ount of Contribution (\$)	\$250.00
		Austin, TX 78723-3474					
8	Principal occu	nation / Job title (See Instructions)	1	9 Employer (See Instructions	<u>l </u>		
	Insurance Aç			Texas Mutual Insurance			
	Date	Full name of contributor	Out of state DAC (ID#)	\	Δm	ount of Contribution (\$)	
	02/05/2024	Lovitt, AJ Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			ount of Continuation (\$)	\$100.00
		Austin, TX 78731-1790					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	genct		Combined Agents of Am	nerica, I	LLC	
	Date 02/22/2024	Full name of contributor Marek, John Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	Amo	ount of Contribution (\$)	\$2,500.00
		Heath, TX 75032-8810					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Insurance Aç	genct		K&S Insurance			
	Date 02/14/2024	Full name of contributor Marshall, Donna Contributor address; City; Sta Amarillo, TX 79101-1406	out-of-state PAC (ID#: te; Zip Code		Amo	ount of Contribution (\$)	\$30.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions INSURICA	s)		
	Date 02/15/2024	Full name of contributor McCunniff, Mark Contributor address; City; Sta Waco, TX 76703-0298	out-of-state PAC (ID#: te; Zip Code)	Amo	ount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Insurance Aç	genct		Bailey Insurance & Risk	Manag	ement, Inc.	

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 26/47	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Independ	ent Insurance Agents	Of Texas		00015593	
4	Date 01/29/2024	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$250.00
		Rockport, TX 78381-1478					
8	Principal occu Insurance Aç			9 Employer (See Instructions GSM Insurors	5)		
	Date 02/20/2024	Full name of contributor [Miller, J. Contributor address; City; Stat Harker Heights, TX 76548-7				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		MILLER & COMPANY,	JIL	Inc.	
	Date 02/22/2024	Full name of contributor [Miller, Kelly Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Bartonville, TX 76226-7014					
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions Waves Insurance Service	-	, LLC	
	Date 02/13/2024	Full name of contributor Morriss, Donald Contributor address; City; Stat Texarkana, TX 75503-1605)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions Offenhauser & Compan	•		
	Date 02/21/2024	Full name of contributor Murphy, Susan Contributor address; City; Stat Dallas, TX 75240-1381	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions Swingle, Collins & Asso		res	
			L				

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete	e this fori	n.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 27/47	
2	FILER NAME Political Action	on Committee Of The Independent Insuranc	ce Agents C	Of Texas	3	Filer ID (Ethics Commission 00015593	on Filers)
4	Date 02/22/2024	 Full name of contributor out-of-state F Neal II, Dan Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
8	Princinal occur	Denton, TX 76207-3441 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
Ü	Insurance Aç		ا ا	Neal & Neal Insurance		ency	
	Date 02/20/2024	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Giddings, TX 78942-3201 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	genct		The Nitsche Group			
	Date 02/14/2024	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occur	Lamesa, TX 79331-1128 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Insurance Aç	,		INSURICA	,		
	Date 02/23/2024	Full name of contributor out-of-state F Nybakken, Jason Contributor address; City; State; Zip Code San Antonio, TX 78218-6790	-			Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions IBC Insurance Agency,		l.	
	Date 02/24/2024	Full name of contributor out-of-state FO'Hara, Gina Contributor address; City; State; Zip Code Bryan, TX 77805-3889)	•	Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genci		Anco Insurance Austin			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 28/47	
2	FILER NAME	0 0(7)		0.7	3	Filer ID (Ethics Commission	n Filers)
		on Committee Of The Independ		Of Texas		00015593	
4	Date 02/23/2024	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78759					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Insurance Aç	genct		Watkins Insurance Grou	ıp		
	Date 02/19/2024	Full name of contributor [Paredes, Maria Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75240-1381			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions Swingle, Collins & Asso		roc.	
	Insurance Aç			Swirigle, Collins & Asso	Cia		
	Date 02/19/2024	Full name of contributor [Peckham, Will Contributor address; City; Sta	·			Amount of Contribution (\$)	\$200.00
	Delegale at a second	Round Rock, TX 78664-51	43 	Faralassa (Os a la structiona	$\overline{\Gamma}$		
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç			Watkins Insurance Grou	ib		
	Date 02/17/2024	Full name of contributor [Pond, Jason Contributor address; City; Sta Dallas, TX 75240-1381	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		Swingle, Collins & Asso	cia	res	
	Date 02/19/2024	Full name of contributor Potts IV, John Contributor address; City; Sta Dallas, TX 75240-1381	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	5)		
	Insurance Aç	genct		Swingle, Collins & Asso	cia	es	

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 18/26 Rpt: 29/47	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Political Action	on Committee Of The Independe	nt Insurance Agents C	of Texas		00015593	
4	Date 02/16/2024	5 Full name of contributor Powell, Rebecca6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
		Austin, TX 78759					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Insurance Aç	genct		Watkins Insurance Grou	ıp		
	Date 02/15/2024	Full name of contributor Presley, Jeff Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77242-0390					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	genct		Securance Corporation	Ag	ency	
	Date 02/21/2024	Full name of contributor Quintanilla, Phillip Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78258-4074					
	•	pation / Job title (See Instructions)		Employer (See Instructions		la a	
	Insurance A	genct		Walthall, Sachse & Pipe	es,	inc.	
	Date 02/14/2024	Full name of contributor Quy, Cindy Contributor address; City; State; Austin, TX 78768-4487	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$225.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	genct		Independent Insurance	Ag	ents of Texas	
	Date 02/20/2024	Full name of contributor Ragland, W. Contributor address; City; State; Dallas, TX 75219-4491	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L 5)		
	Insurance A			Ragland, Strother & Lafi		, LLP	
			I				

	MONEI	ARY POLITICAL (CONTRIBUTION	15		SCHEDUL	_E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 30/47	
2	FILER NAME			_	3	Filer ID (Ethics Commission	on Filers)
	Political Action	on Committee Of The Indeper	ndent Insurance Agents (Of Texas		00015593	
4	Date 02/22/2024	Full name of contributor Reading, John Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Richardson, TX 75081-41 pation / Job title (See Instructions		Employer (See Instructions			
°	Insurance A		9	Reading Insurance Age		,	
	IIISUIAIICE A			Reading insurance Age	iicy		
	Date 02/17/2024	Full name of contributor Reagor, Linda Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Leakey, TX 78873-0505					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Insurance Aç	genct		Frio Canyon Insurance			
	Date 01/30/2024	Full name of contributor Roach, Carie Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78768-4487					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Insurance A	genct		Independent Insurance	Ag	ents of Texas	
	Date 02/16/2024	Full name of contributor Robertson, Kelsey Contributor address; City; Si Dallas, TX 75240-1381	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Insurance A	genct		Swingle, Collins & Asso	cia	tes	
	Date 02/19/2024	Full name of contributor Rodriguez, Cindy Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78759-8977			L		
	Principal occu Insurance Aç	pation / Job title (See Instructions genct	5)	Employer (See Instructions Watkins Insurance Grou			

	MONEI	ARY POLITICAL CONTRIBUTIO)NS			SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.		1	Total pages Schedule A1: Sch: 20/26 Rpt: 31/47	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Political Action	on Committee Of The Independent Insurance Agents	s Of 7	Гехаѕ		00015593	
4	Date 02/22/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	San Antonio, TX 78209-1001 pation / Job title (See Instructions)	9 E	mployer (See Instructions			
ľ	Insurance A			idependent Insurance		nter. Inc.	
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: Ross, Chasity Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		San Angelo, TX 76904-7710					
		pation / Job title (See Instructions)		mployer (See Instructions			
	Insurance A	genct	C	A Ross Insurance Age	enc	y, LLC	
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: Ross, Christy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		San Angelo, TX 76904-7710					
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions)		
	Insurance A	genct	С	A Ross Insurance Age	enc	y, LLC	
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Rozzell, Sherry Contributor address; City; State; Zip Code Houston, TX 77244-1587				Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions)		
	Insurance A	genct	Р	athfinder/LL&D Insurar	nce	Group, LLC	
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Ruiz, Michael Contributor address; City; State; Zip Code Galveston, TX 77552-6767				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions	<u>. </u>		
	Insurance A			alveston Insurance As		ciates	
			•				

				SCHED	ULE A1
The Instru	ction Guide explains how	v to complete this fo	orm.	1 Total pages Schedule A1 Sch: 21/26 Rpt: 32/47	
2 FILER NAME Political Action	on Committee Of The Indeper	ndent Insurance Agent	s Of Texas	3 Filer ID (Ethics Commis 00015593	sion Filers)
4 Date 02/15/2024	5 Full name of contributor Sachse, Michael6 Contributor address; City; St)	7 Amount of Contribution (\$	\$150.00
	San Antonio, TX 78258-4	074			
·	pation / Job title (See Instructions	5)	9 Employer (See Instructions		
Date 02/22/2024	Full name of contributor Salazar, Rosalva Contributor address; City; Si	out-of-state PAC (ID#:_	Walthall, Sachse & Pipe	Amount of Contribution (\$	\$250.00
	Brownsville, TX 78520-54				
Principal occu Insurance A	pation / Job title (See Instructions genct	5)	Employer (See Instructions Bert Whisenant Insuran		
Date 02/23/2024	Full name of contributor Sawyer, Nathan Contributor address; City; Si	out-of-state PAC (ID#:_		Amount of Contribution (\$	\$1,000.00
	Monahans, TX 79756				
Principal occu Insurance A	Ipation / Job title (See Instructions genct	5)	Employer (See Instructions Sawyer & Associates In		
Date 01/30/2024	Full name of contributor Shivers, Rebecca Contributor address; City; Si Waco, TX 76714-8078			Amount of Contribution (\$	\$100.00
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions Shivers & Associates In		
Date 02/17/2024	Contributor address; City; Si	out-of-state PAC (ID#:_		Amount of Contribution (\$	\$50.00
Principal occur	Dallas, TX 75240-1381	2)	Employer (See Instructions	ns)	
Insurance A) 	Swingle, Collins & Asso		

	MONET	ARY POLITICAL C	S		SCHEDUI	_E A1	
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 22/26 Rpt: 33/47	
2	FILER NAME Political Action	on Committee Of The Independ	dent Insurance Agents C	of Texas	3	Filer ID (Ethics Commission 00015593	on Filers)
4	Date 02/20/2024	5 Full name of contributor Siddons, James6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78759					
8	Principal occu Insurance Aç	pation / Job title (See Instructions) genct	9	Employer (See Instructions Watkins Insurance Grou			
	Date 02/22/2024	Full name of contributor Skarpa, Steven Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu	Dayton, TX 77535-0018 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Insurance Aç	genct		Skarpa Insurance Agend			
	Date 02/22/2024	Full name of contributor Smith, Grant Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Amarillo, TX 79101-1406 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance A			INSURICA	,		
	Date 02/02/2024	Full name of contributor Spears, Tyler Contributor address; City; Sta Killeen, TX 76541-8900	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) genct		Employer (See Instructions BKCW, LP	5)		
	Date 02/15/2024	Full name of contributor Stager, Renee Contributor address; City; Sta Houston, TX 77063-1528	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Insurance Aç	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	•	-					

	MONEI	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/26 Rpt: 34/47	
2	FILER NAME Political Action	on Committee Of The Indepen	dent Insurance Agents	of Texas	3	Filer ID (Ethics Commission 00015593	n Filers)
4	Date 02/20/2024	Full name of contributor Stair, Gene Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78736-1785					
8	Principal occu Insurance Aç	-		9 Employer (See Instructions TWFG - Penny Handsel			
	Date 02/22/2024	Full name of contributor Stoker, James Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Humble, TX 77338-5258 upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>(s)</u>		
	Insurance A			Texas World Wide Insur		ce Agency	
	Date 02/16/2024	Full name of contributor Stroup, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
		Austin, TX 78759					
	Principal occu Insurance Aç	Ipation / Job title (See Instructions) genct		Employer (See Instructions Watkins Insurance Grou			
	Date 02/20/2024	Full name of contributor Sumicek, Rodger Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	ipation / Job title (See Instructions) genct		Employer (See Instructions Securance Corporation		ency	
	Date 02/20/2024	Full name of contributor Sweeney, Charles Contributor address; City; Sta)		Amount of Contribution (\$)	\$250.00
	Principal occu Insurance Aç	ipation / Job title (See Instructions) genct		Employer (See Instructions The Sweeney Company			

	MONEI	ARY POLITICAL CON	IRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 24/26 Rpt: 35/47	
2	FILER NAME Political Action	on Committee Of The Independent Ir	surance Agents C	of Texas	3	Filer ID (Ethics Commission 00015593	n Filers)
4	Date 02/05/2024	5 Full name of contributor out-	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Lubbock, TX 79464-4790					
8	Insurance A		9	Employer (See Instructions Heritage Risk Managem		t, an Alera Group Agency	
	Date 02/22/2024	Full name of contributor	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$100.00
		Tahoka, TX 79373-0639					
	Principal occu Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Walker & Solomon Ager		Inc	
L	Date		of-state PAC (ID#:	, valker & Solomon Ager	Су	Amount of Contribution (\$)	
	02/20/2024	Timmins, Rachel Contributor address; City; State; Zip				yancan or contributor (e)	\$110.00
		Dallas, TX 75240-1381					
	Principal occu Insurance A	pation / Job title (See Instructions) genct		Employer (See Instructions Swingle, Collins & Associations)	•	tes	
	Date 02/20/2024	Full name of contributor out- Tjelmeland, Matt Contributor address; City; State; Zip Austin, TX 78759	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Insurance A	pation / Job title (See Instructions) genct		Employer (See Instructions Watkins Insurance Grou			
	Date 02/05/2024	Vehovic, Danny	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Insurance A	pation / Job title (See Instructions)		Employer (See Instructions Berkley Aspire	5)		
		-	l	- '			

	MONEI	ARY POLITICAL CON	NIRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this for	n.	1	Total pages Schedule A1: Sch: 25/26 Rpt: 36/47	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		on Committee Of The Independent	Insurance Agents C	of Texas		00015593	
4	Date 02/19/2024	 5 Full name of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78759					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Insurance Aç			Watkins Insurance Grou			
	Date	Full name of contributor 0	ut-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	02/20/2024	Wayman, Larry	ut-of-state FAC (ID#	J		Amount of Contribution (4)	\$100.00
	OLI LOI LOL		in Codo				Ψ100.00
		Contributor address; City; State; Z	ip Code				
		Waco, TX 76703-0298					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance Aç	genct		Bailey Insurance & Risk	Ma	anagement, Inc.	
	Date	Full name of contributor 0	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/24/2024	Webb, Andy					\$500.00
		Contributor address; City; State; Z	ip Code				
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	genct		Watkins Insurance Grou	р		
	Date	Full name of contributor 0	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/20/2024	Williams, Bea					\$25.00
		Contributor address; City; State; Z	ip Code				
		Midland, TX 79705					
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions) 		
	Insurance A	,		Mims & Smith Insurance		ssociates	
				· · · · · · · · · · · · · · · · · · ·			
	Date	—	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦΕΩΩ ΩΩ
	02/22/2024	Willingham, Todd					\$500.00
		Contributor address; City; State; Z	ip Code				
		Fredericksburg, TX 78624-190	4				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç			Bierschwale-Rees Insura		ce	
					J. 10		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/26 Rpt: 37/47	
2	FILER NAME Political Action	on Committee Of The Independent Insurance Agent	s Of Texas	3	Filer ID (Ethics Commission 00015593	n Filers)
4	Date 02/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ Womack, Matthew 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78759				
8	Principal occu Insurance A	pation / Job title (See Instructions) genct	9 Employer (See Instructions Watkins Insurance Ground			
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Wuthrich, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Ag	Houston, TX 77055-3511 pation / Job title (See Instructions) genct	Employer (See Instructions	<u> </u> 5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_Yeager, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Wylie, TX 75098-0040				
	Insurance A	pation / Job title (See Instructions) genct	Employer (See Instructions Wylie Insurance Agency		nc.	
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_Zabierek, Stephen Contributor address; City; State; Zip Code Austin, TX 78738-4427)		Amount of Contribution (\$)	\$50.00
	Principal occu Insurance A	pation / Job title (See Instructions) genct	Employer (See Instructions SCZ Inc.	5)		

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: 38/47			
2		FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas			(Ethics Commission Filers)		
4	Date 02/14/2024	5 Corporation / Labor Organization name Independent Insurance Agents of Texas	6	Amount (\$)	12,188.85		
	Date 02/05/2024	Corporation / Labor Organization name Independent Insurance Agents of Texas		Amount (\$)	318.63		

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 39/47 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 Date 5 Corporation / Labor Organization name 6 Amount (\$) 02/25/2024 Independent Insurance Agents of Texas 1,518.73

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/8 Rpt: 40/47	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
02/05/2024	Ben Bumgarner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	5150 Kensington Court
- 10.	
Expenditure from corporate funds	Flower Mound, TX 75022
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1105 E. Main St. #233
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	FOLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
02/20/2024	Cesar Blanco Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 929
Expenditure from corporate funds	El Paso, TX 79946
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	FOLITIOAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/8 Rpt: 41/47	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
01/26/2024	Christian Manuel Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	3801 Turtle Creek Dr.
Funanditura from	Unit 3
Expenditure from corporate funds	Port Arthur, TX 77642
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 Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
	POLITICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	David Spiller Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 447
Expenditure from corporate funds	Jackboro, TX 76458
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
	POLITICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/26/2024	Dr. Lalani for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 6514
Expenditure from corporate funds	Houston, TX 77265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officeholder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 42/47	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
02/12/2024	Ellen Troxclair for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	701 Highway 281 Suite H #196
- "	
Expenditure from corporate funds	Marble Falls, TX 78654
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 Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
	I GETICAL CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/26/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 92007
Ψ230.00	1.0. Box 32001
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
One make the ONE Wife diagram	Our History (Office health and the control of the c
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
01/26/2024	Harold V. Dutton, Jr. Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	3801 Kirby Drive STE 411
Expenditure from	
corporate funds	Houston, TX 77098
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt: 43/47	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
02/05/2024	Jeff Leach Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 866186
Expenditure from corporate funds	Plano, TX 75086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit eye.	
Date	Payee name
02/05/2024	Jill Dutton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	411 VZCR 4503
Expenditure from	
corporate funds	Ben Wheeler, TX 75754
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
	POLITICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date 02/05/2024	Payee name
	Jimmy Blacklock Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1588
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTIES (poter a category not listed above)

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/8 Rpt: 44/47	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
02/05/2024	John Devine Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1 E Greenway Plaza Suite 225
Expenditure from corporate funds	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
	POLITICAL CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/05/2024	John Kuempel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 177
Expenditure from	
corporate funds	Seguin, TX 78165
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/26/2024	Justin Holland Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3021 Ridge Road Ste. A Box 79
Ψ300.00	3021 Mage Noad Sie. A Box 13
Expenditure from corporate funds	Rockwall, TX 75032
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
Credit Card F dyment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 6/8 Rpt: 45/47	Political Action Committee Of The Independent Insurance 00015593						
4 Date	5 Payee name						
02/05/2024	Kronda Thimesch Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$250.00	1301 Justin Road STE 201-310						
Expenditure from corporate funds	Lewisville, TX 75077						
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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	POLTICAL CONTRIBUTION						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Payee name						
02/05/2024	Lacey Hull Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$250.00	PO Box 19231						
Expenditure from corporate funds	Houston, TX 77224						
•							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	POLTICAL CONTRIBUTION						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·						
D-1-							
Date	Payee name						
01/26/2024	Lynn Stucky Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$250.00	PO Box 464						
Funonditure from							
Expenditure from corporate funds	Denton, TX 76202						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Candidate/Officeholder/Political Committee						
	POLTICAL CONTRIBUTION						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	H						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 7/8 Rpt: 46/47	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
02/05/2024	Matt Shaheen Campaign
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 3917 Malton Dr.
Expenditure from corporate funds	Plano, TX 75025
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	POLITICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/26/2024	Ray Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 461753
\$250.00	PO BOX 401753
Expenditure from corporate funds	San Antonio, TX 78246
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/20/2024	Reggie for the Texas House Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	300 N. Travis St.
Expenditure from corporate funds	Sherman, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries	Expens Wage:	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a ca	rict ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/8 Rpt: 47/47	Political Ad	ction Committee Of Th	ne Independe	nt Ins	surance		00015593	
4	Date	5 Payee name	e	<u> </u>		<u> </u>			
	02/05/2024	Texas Sen	ator Zaffirini Campaig	jn					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip (Code				
	\$1,000.00	PO Box 62	7 Suite 1230						
	Expenditure from corporate funds	Laredo, T≻	(78042-0627						
8	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made E					de of Texas. Compl	
		Candidate.	Officeholder/Political	Committee		POLTICAL C		officeholder living e	expense
						FULTICAL	NO	I KIDU I IUN	
	Complete ONLY if direct		ficeholder name	Office so	<u>l</u> ought			Office hel	d
	expenditure to benefit C/OI								
	Date	Payee name	e						
	01/26/2024	Trey Whar	ton Campaign						
	Amount (\$)	Payee addr	ess; City;	State; Zip C	Code				
\$1,000.00		PO Box 12	42						
	Expenditure from corporate funds	Huntsville,	TX 77342						
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made E			ш		de of Texas. Compl	
		Candidate	Officeholder/Political	Committee		POLTICAL C		officeholder living e	expense
						. 02.10/12 0	, O 1 V	Borron	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ought			Office hel	d
	experience to belief 6/01	·							
	Date	Payee name							
	01/26/2024	Venton for	Texas						
	Amount (\$)	Payee addr	•	State; Zip C	Code				
	\$250.00	707 Vermo	ont Avenue						
	Expenditure from corporate funds	Dallas, TX	75216						
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made E					de of Texas. Compl	
		Candidate	Officeholder/Political	Committee		Check if Austin		officeholder living e	expense
						I OLITOAL C	,OIN	TAIDOTION	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	 ought			Office hel	d
	expenditure to benefit C/O		-		J				