MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction (2 Total pages filed: 36		
3	COMMITTEE NAME	OFFICE USE ONLY		
	Political Action Cor	nmittee Of The Independent Insurance Ag	ents Of Texas	Date Received ELECTRONICALLY FILED 04/03/2024
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
			SUF	Date Processed
		NICKNAME LAST	306	
		Ellmer		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER STREET	1115 San Jacinto Blvd, Suite 100		
	ADDRESS (Residence or Business)			
		Austin, TX 78701		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER MAILING	1115 San Jacinto Blvd, Suite 100		
	ADDRESS			
	Change of Address	Austin, TX 78701		
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
	PHONE	(512) 493-2454		
9	REPORT TYPE		- 10th day ofter compaign	
		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY REPORT FILING	January 5 X April	5 🗌 July 5	October 5
	DEADLINE	February 5 May		November 5
		March 5 June	5 September 5	December 5
11	PERIOD COVERED	Month Day Year	THROUGH Mont	•
	COVERED	02/26/2024	03/2	5/2024
		~~~		
Ĺ			TO PAGE 2	
Fo	rms provided by Tex	as Ethics Commission www.et	hics.state.tx.us	Version V3.5.1.5b35d027

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Political Action Committ	ee 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 Barry State Representativ	е	
(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	D 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)	\$	38,762.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	837,542.62
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	rhe \$	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	nis the	day
		which, witness my hand and seal of office.		×
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

### MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC

Page 3 of 36

						r age e er ee
<b>12</b> COMMITTEE NAME Political Action Committee	Of The Independent	t Insurance Ag	jents Of Texas		<b>13</b> Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	A. Supported	Stephanie Klick	State Represen	Itative		
(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 Wharton	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				
	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

Page 4 of 36

					5
<b>12</b> COMMITTEE NAME Political Action Committee	e Of The Independent	Insurance Ag	ents Of Texas	<b>13</b> Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dade Phelan State R	epresentative	
(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	Lynn Stucky State Re	epresentative	
(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			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Frederick Fraizer Sta	ate 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.)				

MONTHLY FI	LING GPAC F	REPORT:	PURPOS	SE .		FORM MPAC
						Page 5 of 36
<b>12</b> COMMITTEE NAME Political Action Committee	e Of The Independent	t Insurance Ag	ents Of Texas		<b>13</b> Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		DeWayne Burr	ns 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.)	,				
COMMITTEE ACTIVITY	1. 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				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

### FORM MPAC COVER SHEET PG 3

6 of 36

17 COMMITTE	(Ethics Commission Filers)		
Political A			
19 SCHEDULI NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 36,855.00
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	<b>\$</b> 1,214.94
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 692.59
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	RGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 17,500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
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** 

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/25 Rpt: 7/36	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agents	s Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/21/2024	Ahrens, Nichole			······	\$5.00
		6 Contributor address; City; State; Zip Code		•		• -
Ļ		Rockport, TX 78381-1478	- (Or - Instructions			
8	•	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance A	genct	GSM Insurors-Alpine			
<u> </u>	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	03/21/2024	Armitage, Mindy				\$50.00
		Contributor address; City; State; Zip Code		1		
		· · ·	ļ			
		San Angelo, LA 76904-7710	ļ			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Insurance Ag		C A Ross Insurance Age		v. LLC	
					-	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ተርሳሳ ሳሳ
	02/28/2024	Baldwin, Sam	!			\$500.00
		Contributor address; City; State; Zip Code				
		Lufkin, TX 75904-2984				
┝	Drincinal occi	LUIKIN, TX 75904-2984 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Swain & Baldwin Insural			
			Swaill & Daiuwin moura			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/28/2024	Baldwin III, Ray				\$500.00
		Contributor address; City; State; Zip Code	1	1		
			ļ			
		Lufkin, TX 75904-2984				
Γ	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	genct	Swain & Baldwin Insura	Ince	۶, LLC.	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/19/2024	Ballard, Ronnie				\$600.00
				-		
		Paris, TX 75460-3212				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Ballard Insurance Agend			
⊢						

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/25 Rpt: 8/36		
2	FILER NAME				Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/19/2024	Ballard, Vicki				\$600.00
		6 Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Paris, TX 75460-3212				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Insurance A	genct	Ballard Insurance Agend	су		
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/01/2024	Barr, Jim				\$250.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76102-4740				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	genct	INSURICA			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/26/2024	Barr, Jim				\$250.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76102-4740				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	genct	INSURICA			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/13/2024	Bartlett, Benjamin				\$500.00
		Contributor address; City; State; Zip Code		1		
		Lufkin, TX 75901-5752				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	genct	Morgan Insurance Agen	ю		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/14/2024	Basdekis, Nicholas				\$25.00
		Contributor address; City; State; Zip Code				
		Rockport, TX 78381-1478				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Insurance A	genct	GSM Insurors			
1						
1						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 3/25 Rpt: 9/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/05/2024 Baycroft, William \$100.00 6 Contributor address; City; State; Zip Code Houston, TX 77027-9128 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agenct Cadence Insurance Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/01/2024 \$800.00 Becton, Jim Contributor address; City; State; Zip Code Idalou, TX 79329-9100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Becton Insurance Agency, Inc./SBMP Insurance Group Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/05/2024 Bergman, Vicky \$100.00 Contributor address; City; State; Zip Code Houston, TX 77027-9128 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Cadence Insurance Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/19/2024 \$250.00 Besch, Brian Contributor address; City; State; Zip Code Lakeway, TX 78734-0021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct TexStar-Integra Insurance Services Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/25/2024 \$250.00 Bondurant, Rick Contributor address; City; State; Zip Code Austin, TX 78737-9011 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Frost Insurance Agency, Inc.

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/25 Rpt: 10/36	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
Political Acti	ion Committee Of The Independent Insurance Agent	s Of Texas	00015593	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/01/2024	Bouchard, Joey			\$10.00
	6 Contributor address; City; State; Zip Code		4	
	Austin, TX 78701-3575			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)	
Insurance A		QuoteWell	,	
			Amount of Contribution (\$)	
Date 03/13/2024		)	Amount of Contribution (\$)	\$250.00
03/13/2024	Boyce, Peter			\$250.00
	Contributor address; City; State; Zip Code			
	Amarilla TV 70105 1070			
D in single and	Amarillo, TX 79105-1070		<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions		
Insurance A	genct	Williams-Boyce Agency	, LLP	
Date		)	Amount of Contribution (\$)	
03/13/2024	Boyce, William			\$250.00
	Contributor address; City; State; Zip Code		1	
	Amarillo, TX 79105-1070			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>;</u> ;	
Insurance A	genct	Williams-Boyce Agency	, LLP	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/28/2024	Brence, Collin			\$400.00
	Contributor address; City; State; Zip Code		4	
	Richardson, TX 75080-1809			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)	
Insurance A		Swingle, Collins & Asso	,	
Date 03/18/2024		)	Amount of Contribution (\$)	\$2,500.00
03/10/2024				φ <u>2</u> ,300.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79101-1406	<u> </u>		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Insurance A	aenct	INSURICA		

The	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 5/25 Rpt: 11/36	
2 FILE	ER NAME				3	Filer ID (Ethics Commission	n Filers)
Pol	itical Actio	on Committee Of The Independent Insura	ance Agents	s Of Texas		00015593	
4 Date	е	5 Full name of contributor out-of-sta	ate PAC (ID#:	)	7	Amount of Contribution (\$)	
03/3	13/2024	Brooke, Cory	···· · _				\$100.00
			le		$\mathbf{I}$		
			0				
		New Braunfels, TX 78130-2567					
8 Prin	ncipal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Insu	urance Ag	Jenct		Alliant Insurance Servic	es		
Date	е	Full name of contributor out-of-sta	ate PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/2	21/2024	Bruce, Megan					\$50.00
		Contributor address; City; State; Zip Code	le		1		
		San Angelo, TX 76904-7710					
		pation / Job title (See Instructions)		Employer (See Instructions			
Insi	urance Ag	jenct		C A Ross Insurance Age	eno	;y, LLC	
Date	е	Full name of contributor 🔲 out-of-sta	ate PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/	05/2024	Brumley-Ritter, Kimberly					\$100.00
		Contributor address; City; State; Zip Code	e		1		
		Groom, TX 79039-0597	r				
		pation / Job title (See Instructions)		Employer (See Instructions			
Insu	urance Aç			Brumley Insurance Age	ncy	!	
Date			ate PAC (ID#:	)		Amount of Contribution (\$)	_
02/2	26/2024	Cahill, Debra					\$50.00
		Contributor address; City; State; Zip Code	е		]		
		Luftin FL 7E001 E7E2					
Drin		Lufkin, FL 75901-5752	r	Employer (See Instructions	<u> </u>		
	urance Ag	pation / Job title (See Instructions)		Morgan Insurance Ager			
Date			ate PAC (ID#:	)		Amount of Contribution (\$)	÷100.00
03/.	03/19/2024 Cardenas, Maria				\$100.00		
	Contributor address; City; State; Zip Code						
		Deer Park, TX 77536-4177					
Drin			I	Employer (See Instructions	<u> </u>		
	urance Ag	pation / Job title (See Instructions)		Kicker Insurance Servic		Inc	
1130	ulance Ay			NUKEI IIISUIAIILE JEIVIL	es		

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 6/25 Rpt: 12/36	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Action	on Committee Of The Independent Insurance Agent	s Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	03/02/2024	Cardwell, Kyle		\$500.00
		6 Contributor address; City; State; Zip Code		
	l			
	I			
	I	Dallas, TX 75240-1381		
8	Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instructions	ls)
	Insurance Ag		Swingle, Collins & Asso	
╞		-		1
	Date		)	Amount of Contribution (\$)
	03/20/2024	Chester, Dalton		\$5,000.00
	l	Contributor address; City; State; Zip Code		
	I			
	I	Con Antonio TV 70260 7260		
	Drivelago	San Antonio, TX 78260-7260		\
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A		Transportation Insuranc	
	Date		)	Amount of Contribution (\$)
	02/28/2024	Comiskey, Frank		\$100.00
	I	Contributor address; City; State; Zip Code		1
	I			
	I			
		Houston, TX 77257-0187	-	
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	yenct	Frank Comiskey Agency	y, Inc.
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	02/28/2024	Crane, June		\$25.00
		Contributor address; City; State; Zip Code		
	I			
	I			
	I	Longview, TX 75605-7937		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Aç	genct	Bockmon Insurance Age	ency, Inc.
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/20/2024	Cruzan, Kenneth		\$10.00
	I	Contributor address; City; State; Zip Code		·
	I			
	I			
	I	Rockport, TX 78381-1478		
⊢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag		GSM Insurors	-,
⊢				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/25 Rpt: 13/36	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593	
4	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)		
	02/28/2024	Dacy, Daniel				\$250.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76102-4740				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Insurance Ag		INSURICA	<i>,</i>		
⊨				<u> </u>	Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	¢250.00
	02/28/2024	Davis, Stephen				\$250.00
		Contributor address; City; State; Zip Code				
		Bellaire, TX 77402-1048				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	genct	GBS Insurance Agency	, In	С.	
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/21/2024	Dominguez, Jeanie				\$10.00
		Contributor address; City; State; Zip Code				
		San Angelo, TX 76904-7710				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	genct	C A Ross Insurance Age	eno	cy, LLC	
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/13/2024	Draeken, Mike				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Insurance Ag		Watkins Insurance Grou			
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢50.00
	02/29/2024					\$50.00
		Contributor address; City; State; Zip Code				
$\vdash$	<u> </u>	Dallas, TX 75240-1381		Ĺ		
1		pation / Job title (See Instructions)	Employer (See Instructions			
L	Insurance A	genct	Swingle, Collins & Asso	сіа	tes	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/25 Rpt: 14/36	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	-
	Date	· · ·		_	Amount of Contribution (\$)	
7			ľ		\$125.00	
	03/03/2024	Eanes, Evelyn				Φ120.00
		6 Contributor address; City; State; Zip Code				
Ļ	<u></u>	San Antonio, TX 78209-1001	1 <u> </u>	ŕ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
L	Insurance A	<u>genct</u>	Independent Insurance	Cer	nter, Inc.	
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/21/2024	Edmiston, Lexanne				\$20.00
	1	Contributor address; City; State; Zip Code		"		
		San Angelo, TX 76904-7710				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Insurance Ag		C A Ross Insurance Age	jenc	y, LLC	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	T	Amount of Contribution (\$)	
	03/25/2024	Elengold, Mitchell	/		Allound of Contribution (*)	\$50.00
	0012012027	-				Ψυυ.υυ
		Contributor address; City; State; Zip Code				
		Austin, TX 78759-7812				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>റ</u>		
	Insurance Ag		Hertel Insurors Group, L			
╘		-		_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/28/2024	Elmore, Matt				\$500.00
	I	Contributor address; City; State; Zip Code	1	1		
		Dallas, TX 75240-1381				
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Insurance A	genct	Swingle, Collins & Asso	ociat	es	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	03/25/2024	Farris, Marialma				\$500.00
	Contributor address; City; State; Zip Code		·			
		Deer Park, TX 77536-4177				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Insurance Ag		Kicker Insurance Service		Inc.	
⊢						

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 9/25 Rpt: 15/36	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Age	ents Of Texas		00015593	-
4	Date	· · ·	D#:)	7	Amount of Contribution (\$)	
	03/20/2024	Ferri, Hannah	///·/			\$50.00
l	00,20,202	6 Contributor address; City; State; Zip Code				<b>400.0</b> 2
		Continuation address, City, State, Zip Code				
		Rockport, TX 78381-1478				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	IS)		
	Insurance A	,	GSM Insurors	,		
╞	Date	Full name of contributor Out-of-state PAC (ID		Т	Amount of Contribution (\$)	
	02/28/2024	Floyd III, Edward	////		, another of elements ( ),	\$100.00
	02,20,222	Contributor address; City; State; Zip Code				+=•
		Contributor address, City, State, Zip Couc				
		Robstown, TX 78380-1152				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Insurance A	genct	Floyd Insurance Agency	;y		
╞	Date	Full name of contributor Out-of-state PAC (ID	D#:)	Т	Amount of Contribution (\$)	
	03/19/2024	Friedel, Jill	///·/			\$100.00
	• • • • • • •					+
		Victoria, TX 77902-2554				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
	Insurance A	genct	Janecka Insurance Age	ency	,	
F	Date	Full name of contributor out-of-state PAC (ID	)	Τ	Amount of Contribution (\$)	
	03/19/2024	Garcia, Bill				\$200.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77023-5261				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
	Insurance A	genct	Bill Garcia Insurance A	gen	су	
F	Date	Full name of contributor out-of-state PAC (ID	)		Amount of Contribution (\$)	
	03/21/2024	Garza, Savanah				\$5.00
		Contributor address; City; State; Zip Code				
		San Angelo, TX 76904-7710				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
	Insurance A	genct	C A Ross Insurance Ag	genc	y, LLC	
⊢						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 10/25 Rpt: 16/36 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/21/2024 Gonzales, Regina \$15.00 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-7710 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Insurance Agenct C A Ross Insurance Agency, LLC Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 03/04/2024 \$100.00 Gray, Kimberley Contributor address; City; State; Zip Code Cibolo, TX 78108-3451 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct **TPB** Insurance Group Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/13/2024 Guyton, Joe \$250.00 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Watkins Insurance Group Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/05/2024 \$500.00 Hacker Jr., Murray Contributor address; City; State; Zip Code Helotes, TX 78023-0226 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Village Insurance Agency, Inc. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/07/2024 \$100.00 Haley, Jeff Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Watkins Insurance Group

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/25 Rpt: 17/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/21/2024 Hall, Christina \$25.00 6 Contributor address; City; State; Zip Code San Angelo, TX 76904 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Insurance Agenct C A Ross Insurance Agency, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/02/2024 \$100.00 Hall, Sheri Contributor address; City; State; Zip Code Rockport, TX 78382-2815 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct **GSM** Insurors Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/21/2024 Harrison, Stephanie \$50.00 Contributor address; City; State; Zip Code Austin, TX 78759-7812 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Hertel Insurors Group, LLP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/18/2024 \$1,000.00 Healer, Amberly Contributor address; City; State; Zip Code Odessa, TX 79761-4562 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct MFINS, Inc. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/05/2024 \$500.00 Hefner, Cole Contributor address; City; State; Zip Code Gilmer, TX 75644-0100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Hefner Group Insurance

2 FILER NAME				
	ion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/25 Rpt: 18/36	
			3 Filer ID (Ethics Commissio	on Filers)
Political Action	Committee Of The Independent Insurance Agent		00015593	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/07/2024	Heinchon, Christopher			\$100.00
6	Contributor address; City; State; Zip Code			
<u> </u>	Austin, TX 78759		-	
	tion / Job title (See Instructions)	9 Employer (See Instructions) Watking Insurance Group		
Insurance Ager		Watkins Insurance Grou	-	
Date		)	Amount of Contribution (\$)	<b>*</b> 250.00
03/05/2024				\$250.00
	Contributor address; City; State; Zip Code			
	Allen, TX 75002-2850			
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	)	
Insurance Ager		Hempkins Insurance	,	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/25/2024	Hertel, William	/		\$2,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759-7812			
	tion / Job title (See Instructions)	Employer (See Instructions)		
Principal occupat Insurance Ager	tion / Job title (See Instructions)	Employer (See Instructions) Hertel Insurors Group, L		
	tion / Job title (See Instructions)	Hertel Insurors Group, L		
Insurance Ager	tion / Job title (See Instructions) nct	Hertel Insurors Group, L	LP	\$5.00
Insurance Ager	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:	Hertel Insurors Group, L	LP	\$5.00
Insurance Ager	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie	Hertel Insurors Group, L	LP	\$5.00
Insurance Ager	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie Contributor address; City; State; Zip Code	Hertel Insurors Group, L	LP	\$5.00
Insurance Ager Date 03/21/2024	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Hertel Insurors Group, L	LP Amount of Contribution (\$)	\$5.00
Insurance Ager Date 03/21/2024	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie Contributor address; City; State; Zip Code San Angelo, TX 76904-7710 tion / Job title (See Instructions)	Hertel Insurors Group, L	LP Amount of Contribution (\$)	\$5.00
Insurance Ager Date 03/21/2024 Principal occupat Insurance Ager	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie Contributor address; City; State; Zip Code San Angelo, TX 76904-7710 tion / Job title (See Instructions) nct	Hertel Insurors Group, L	LP Amount of Contribution (\$) ) ency, LLC	\$5.00
Insurance Ager Date 03/21/2024 Principal occupat Insurance Ager Date	tion / Job title (See Instructions) nct Full name of contributor	Hertel Insurors Group, L	LP Amount of Contribution (\$)	\$5.00
Insurance Ager Date 03/21/2024	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie Contributor address; City; State; Zip Code San Angelo, TX 76904-7710 tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holt, Chris	Hertel Insurors Group, L	LP Amount of Contribution (\$) ) ency, LLC	
Insurance Ager Date 03/21/2024 Principal occupat Insurance Ager Date	tion / Job title (See Instructions) nct Full name of contributor	Hertel Insurors Group, L	LP Amount of Contribution (\$) ) ency, LLC	
Insurance Ager Date 03/21/2024 Principal occupat Insurance Ager Date Date	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie Contributor address; City; State; Zip Code San Angelo, TX 76904-7710 tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holt, Chris	Hertel Insurors Group, L	LP Amount of Contribution (\$) ) ency, LLC	
Insurance Ager Date 03/21/2024 Principal occupat Insurance Ager Date	tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holder, Bonnie Contributor address; City; State; Zip Code San Angelo, TX 76904-7710 tion / Job title (See Instructions) nct Full name of contributor out-of-state PAC (ID#:_ Holt, Chris	Hertel Insurors Group, L	LP Amount of Contribution (\$) ) ency, LLC	
Insurance Ager Date 03/21/2024 Principal occupat Insurance Ager Date 03/05/2024	tion / Job title (See Instructions) nct  Full name of contributor	Hertel Insurors Group, L	LP Amount of Contribution (\$) ) ency, LLC Amount of Contribution (\$)	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 13/25 Rpt: 19/36 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/20/2024 Howard, Thomas \$100.00 6 Contributor address; City; State; Zip Code Galveston, TX 77552-6767 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Insurance Agenct Galveston Insurance Associates Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/05/2024 \$100.00 Hubbard, Deborah Contributor address; City; State; Zip Code Houston, TX 77242-0390 Principal occupation / Job title (See Instructions) Employer (See Instructions) Securance Corporation Agency Insurance Agenct Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/29/2024 Hunt, Katie \$50.00 Contributor address; City; State; Zip Code Fort Worth, TX 76107-6531 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct HUB International Rigg Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/21/2024 \$50.00 Hyatt, Ann Contributor address; City; State; Zip Code Austin, TX 78759-7812 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Hertel Insurors Group, LLP Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/19/2024 \$200.00 Janecka, Gail Contributor address; City; State; Zip Code Victoria, TX 77902-2554 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Janecka Insurance Agency

The Instruc	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/25 Rpt: 20/36	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Political Actio	n Committee Of The Independent Insurance Agents		00015593	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
02/28/2024	Kessel, Rudy			\$100.00
	6 Contributor address; City; State; Zip Code			
	Paris, TX 75460-4883			
Principal occur		9 Employer (See Instructions	<u> </u>	
Insurance Ag		Norment & Landers LP	5)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/11/2024	Kim, Solomon			\$30.00
	Contributor address; City; State; Zip Code			<b>T--</b>
	Dallas, TX 75240-1381			
	pation / Job title (See Instructions)	Employer (See Instructions		
Principal occup	()			
Principal occup Insurance Ag		Swingle, Collins & Asso	ciates	
		Swingle, Collins & Asso	ciates Amount of Contribution (\$)	
Insurance Ag	enct	Swingle, Collins & Asso		\$50.00
Insurance Ag	Full name of contributor       Out-of-state PAC (ID#:)	Swingle, Collins & Asso		\$50.00
Insurance Ag	enct Full name of contributor out-of-state PAC (ID#:	Swingle, Collins & Asso		\$50.00
Insurance Ag	enct Full name of contributor out-of-state PAC (ID#:	Swingle, Collins & Asso		\$50.00
Insurance Ag Date 03/21/2024	enct Full name of contributor out-of-state PAC (ID#:_ Kinsey, Amber Contributor address; City; State; Zip Code Austin, TX 78759-7812	)	Amount of Contribution (\$)	\$50.00
Insurance Ag Date 03/21/2024 Principal occup	enct Full name of contributor out-of-state PAC (ID#:_ Kinsey, Amber Contributor address; City; State; Zip Code Austin, TX 78759-7812 Dation / Job title (See Instructions)	)	Amount of Contribution (\$)	\$50.00
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag	enct  Full name of contributor  Kinsey, Amber  Contributor address; City; State; Zip Code  Austin, TX 78759-7812  pation / Job title (See Instructions) enct	)	Amount of Contribution (\$)	\$50.00
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date	enct          Full name of contributor       out-of-state PAC (ID#:         Kinsey, Amber       Out-of-state PAC (ID#:         Contributor address;       City; State; Zip Code         Austin, TX 78759-7812       Out-of-state PAC (ID#:         Dation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag	enct          Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       contributor address; City; State; Zip Code         Austin, TX 78759-7812       out-of-state PAC (ID#:_         pation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$50.00
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date	enct          Full name of contributor       out-of-state PAC (ID#:         Kinsey, Amber       Out-of-state PAC (ID#:         Contributor address;       City; State; Zip Code         Austin, TX 78759-7812       Out-of-state PAC (ID#:         Dation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date	enct          Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       contributor address; City; State; Zip Code         Austin, TX 78759-7812       out-of-state PAC (ID#:_         pation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date	enct          Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       contributor address; City; State; Zip Code         Austin, TX 78759-7812       out-of-state PAC (ID#:_         pation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024	enct          Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       Contributor address; City; State; Zip Code         Austin, TX 78759-7812       Austin, TX 78759-7812         pation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024	enct         Full name of contributor       out-of-state PAC (ID#:         Kinsey, Amber       contributor address; City; State; Zip Code         Austin, TX 78759-7812       out-of-state PAC (ID#:         bation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:         Lair, Grant       contributor address; City; State; Zip Code         Dallas, TX 75240-1381       out-of-state PAC (ID#:         bation / Job title (See Instructions)       out-of-state PAC (ID#:	Employer (See Instructions Hertel Insurors Group, L	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) S)	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024 Principal occup	enct         Full name of contributor       out-of-state PAC (ID#:         Kinsey, Amber       contributor address; City; State; Zip Code         Austin, TX 78759-7812       out-of-state PAC (ID#:         bation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:         Lair, Grant       contributor address; City; State; Zip Code         Dallas, TX 75240-1381       out-of-state PAC (ID#:         bation / Job title (See Instructions)       out-of-state PAC (ID#:	Employer (See Instructions Hertel Insurors Group, L ) Employer (See Instructions	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) S)	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024 Principal occup Insurance Ag	enct          Full name of contributor       out-of-state PAC (ID#:	Employer (See Instructions Hertel Insurors Group, L ) Employer (See Instructions	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) So ciates	
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024 Principal occup Insurance Ag Date Date Date Date Date Date Date Date	enct          Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       Contributor address; City; State; Zip Code         Austin, TX 78759-7812       Austin, TX 78759-7812         vation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       contributor address; City; State; Zip Code         Dallas, TX 75240-1381       pation / Job title (See Instructions)         enct       out-of-state PAC (ID#:_         Full name of contributor       out-of-state PAC (ID#:_         Dallas, TX 75240-1381       pation / Job title (See Instructions)         enct       out-of-state PAC (ID#:_	Employer (See Instructions Hertel Insurors Group, L ) Employer (See Instructions	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) So ciates	\$100.00
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024 Principal occup Insurance Ag Date Date Date Date Date Date Date Date	enct          Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       Contributor address; City; State; Zip Code         Austin, TX 78759-7812       Austin, TX 78759-7812         bation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       contributor address; City; State; Zip Code         Dallas, TX 75240-1381       bation / Job title (See Instructions)         enct       full name of contributor         Dallas, TX 75240-1381       out-of-state PAC (ID#:_         Lee, Andrea       out-of-state PAC (ID#:_	Employer (See Instructions Hertel Insurors Group, L ) Employer (See Instructions	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) So ciates	\$100.00
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024 Principal occup Insurance Ag Date Date Date Date Date Date Date Date	enct         Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       Contributor address; City; State; Zip Code         Austin, TX 78759-7812       Austin, TX 78759-7812         bation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       contributor address; City; State; Zip Code         Dallas, TX 75240-1381       pation / Job title (See Instructions)         enct       out-of-state PAC (ID#:_         Lee, Andrea       out-of-state PAC (ID#:_         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code	Employer (See Instructions Hertel Insurors Group, L ) Employer (See Instructions	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) So ciates	\$100.00
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024 Principal occup Insurance Ag Date 03/14/2024	enct         Full name of contributor       out-of-state PAC (ID#:_         Kinsey, Amber       Contributor address; City; State; Zip Code         Austin, TX 78759-7812       Austin, TX 78759-7812         bation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lair, Grant       out-of-state PAC (ID#:_         Contributor address; City; State; Zip Code       Dallas, TX 75240-1381         bation / Job title (See Instructions)       enct         Full name of contributor       out-of-state PAC (ID#:_         Lee, Andrea       contributor address; City; State; Zip Code         Arlington, TX 76018-1161       Arlington, TX 76018-1161	Employer (See Instructions Hertel Insurors Group, L ) Employer (See Instructions Swingle, Collins & Assoc	Amount of Contribution (\$)	\$100.00
Insurance Ag Date 03/21/2024 Principal occup Insurance Ag Date 03/12/2024 Principal occup Insurance Ag Date 03/14/2024	enct   Full name of contributor   kinsey, Amber   Contributor address; City; State; Zip Code   Austin, TX 78759-7812   pation / Job title (See Instructions)   enct   Full name of contributor   out-of-state PAC (ID#:_   Lair, Grant   Contributor address; City; State; Zip Code   Dallas, TX 75240-1381   pation / Job title (See Instructions)   enct   Full name of contributor   out-of-state PAC (ID#:_   Lair, Grant   Contributor address; City; State; Zip Code   Dallas, TX 75240-1381   pation / Job title (See Instructions)   enct   Full name of contributor   out-of-state PAC (ID#:_   Lee, Andrea   Contributor address; City; State; Zip Code   Arlington, TX 76018-1161   pation / Job title (See Instructions)	Employer (See Instructions Hertel Insurors Group, L ) Employer (See Instructions	Amount of Contribution (\$)	\$100.00

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 15/25 Rpt: 21/36	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Activ	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/28/2024	Liere, Leslie			······	\$250.00
	•	6 Contributor address; City; State; Zip Code		-		+
		College Station, TX 77845-4189				
8	Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instructions	⊥ s)		
	Insurance Ag	,	Innovative Consumer In		rance Advisors IIc	
╞	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	02/28/2024	Loftis Jr., H.	/			\$100.00
	0212012027			-		Φ100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759-8977				
┝	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>പ</u>		
	Insurance Ag		Watkins Insurance Grou			
L				чн —		
	Date		)		Amount of Contribution (\$)	
	02/26/2024					\$100.00
		Contributor address; City; State; Zip Code				
L		Galveston, TX 77552-6767				
		upation / Job title (See Instructions)	Employer (See Instructions		· ·	
L	Insurance A		Galveston Insurance As	3500	ciates	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/26/2024	Luera, Delinda				\$150.00
	I	Contributor address; City; State; Zip Code		1		
		Katy, CA 77493-2717				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	genct	Carroll Insurance Agence	су,	Ltd.	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/21/2024	MacKenzie, Gray				\$50.00
	I					
		Austin, TX 78759-7812				
┢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Hertel Insurors Group, L		)	
⊢		,	<u> </u>			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 16/25 Rpt: 22/36		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/25/2024 Manske, Martha				\$50.00	
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76107-6555				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	genct	Hertel McClendon, LLP			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/04/2024	Martinez, Bianca				\$100.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240-1381				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	genct	Swingle, Collins & Asso	cia	tes	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/19/2024	Martinez, Letty				\$25.00
		Contributor address; City; State; Zip Code		1		
		Lockhart, TX 78644-0874				
		pation / Job title (See Instructions)	Employer (See Instructions			
	E&O Advoca	ate	Independent Insurance	Age	ents of Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	03/14/2024	McDavid, Blake				\$300.00
		Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
		Rockport, TX 78381-1478				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	genct	GSM Insurors			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/14/2024	McDavid, John				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Rockport, TX 78381-1478				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	Jenct	GSM Insurors			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/25 Rpt: 23/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/01/2024 McDavid, John \$1,000.00 6 Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agenct **GSM** Insurors Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/27/2024 \$500.00 McDavid, Patrick Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct **GSM** Insurors Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/21/2024 Mobley, Amy \$50.00 Contributor address; City; State; Zip Code Austin, TX 78759-7812 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Hertel Insurors Group, LLP Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/28/2024 \$500.00 Montalvo III, Ramon Contributor address; City; State; Zip Code Weslaco, TX 78599-0002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Montalvo Insurance Agency, Inc. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/18/2024 \$100.00 Moore, Bradley Contributor address; City; State; Zip Code Frisco, TX 75033-3084 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Moore Insurance Group LLC

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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 18/25 Rpt: 24/36	
2	2 FILER NAME			_	Filer ID (Ethics Commission	n Filers)
-		ion Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/05/2024	Moore, Don	,			\$100.00
		6 Contributor address; City; State; Zip Code		"		
			,			
			,			
		Canyon, TX 79015-3705				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
	Insurance Ag	genct	Don Moore Insurance S	Servi	ices, LLC	
	Date	Full name of contributor out-of-state PAC (ID#:	, )	Τ	Amount of Contribution (\$)	
	03/05/2024	Murphy, Cheryl				\$25.00
	I	Contributor address; City; State; Zip Code				
			,			I
			,			
		Dallas, TX 75240-1381	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Insurance Ag		Swingle, Collins & Asso		ies	
⊨	Date		)		Amount of Contribution (\$)	
	03/19/2024	Nguyen, Van	/		Amount of Contribution (7)	\$25.00
	001101202 .					Ψ20100
		Contributor address; City; State; Zip Code	,			
			,			
		Dallas, TX 75240-1381	,			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>الـــــ</u>		
	Insurance Ag		Swingle, Collins & Assoc		Ies	
⊨		-				
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#: Nitsche Pobert			Amount of Contribution (\$)	ቀ100 በበ
	02/28/2024	Nitsche, Robert	!			\$100.00
		Contributor address; City; State; Zip Code	,			
			,			
		Giddings, TX 78942-4330	,			
⊢	Dringing Occu	-	Employer (See Instruction	<u> </u>		
	Principal occu Insurance Ag	upation / Job title (See Instructions)	Employer (See Instructions The Nitsche Group	5)		
L				—		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	]	Amount of Contribution (\$)	-
	03/07/2024	Obriotti, Andrew	!			\$500.00
	I	Contributor address; City; State; Zip Code	1	]		
			1			
			,			
L		Dallas, TX 75240-1381	!			
ſ		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Aç	genct	Swingle, Collins & Asso	ciat	.es	
			-			
1						

6       Contributor address; City; State; Zip Code         Austin, TX 78766-9369       Austin, TX 78766-9369         8       Principal occupation / Job title (See Instructions) insurance Agenct       9       Employer (See Instructions) Watkins Insurance Group         Date       Full name of contributor       out-of-state PAC (IDI:							
Political Action Committee Of The Independent Insurance Agents Of Texas         00015593           4 Date         5 Full name of contribution         out-state PAC (IDE:)         7 Amount of Contribution (\$)           02/28/2024         6 Contribution address; City; State; Zip Code         7 Amount of Contribution (\$)         \$250.4           8 Principal occupation / Job title (See Instructions) Insurance Agenct         9 Employer (See Instructions) Watkins Insurance Group         Amount of Contribution (\$)         \$350.4           03/01/2024         Ferror, TX 75657-0625         Amount of Contribution (\$)         \$350.4           03/01/2024         Ferror, TX 75657-0625         Employer (See Instructions) Insurance Agenct         Amount of Contribution (\$)           03/02/2024         Full name of contributor         out-of-state PAC (IDE:		The Instru	ction Guide explains how to complete this f	orm.	1		
4       Date       5       Full name of contributor       out-et-state PAC (Dir:       )       7       Amount of Contribution (\$)       \$250.4         02/28/2024       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)       \$250.4         8       Principal occupation 1 Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)       \$350.4         Date       Full name of contributor       out-of-state PAC (Dir:       )       Amount of Contribution (\$)       \$350.4         03/01/2024       Full name of contributor       out-of-state PAC (Dir:       )       Amount of Contribution (\$)       \$350.4         1nsurance Agenct       Contributor address; City; State; Zip Code       Employer (See Instructions)       Inc.       \$350.4         1nsurance Agenct       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$300.4         03/20/2024       Full name of contributor       out-of-state PAC (Dir:       )       Amount of Contribution (\$)       \$100.4         03/20/2024       Full name of contributor       out-of-state PAC (Dir:       )       Amount of Contribution (\$)       \$100.4         03/20/2024       Full name of contributor       out-of-state PAC (Dir:       )       Amount of Contribution (\$) <t< td=""><td>2</td><td>FILER NAME</td><td></td><td></td><td>3</td><td>Filer ID (Ethics Commission</td><td>n Filers)</td></t<>	2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
02/28/2024       Pennington-Noxon, Sheila       \$250.1         6       Contributor address; City; State: Zip Code       \$250.1         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Insurance Agenct       Watkins Insurance Group       Amount of Contribution (\$)       \$350.1         03/01/2024       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)       \$350.1         9       Employer (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$350.1         9       Jefferson, TX 75657-0625       Employer (See Instructions)       Insurance Agenct       \$100.1         Date       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)       \$100.1         03/20/2024       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)       \$100.1         03/20/2024       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)       \$100.1         03/05/2024       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)       \$100.1         03/05/2024       Full name of contributor       out-of-state PAC (Det       Amount of Contribution (\$)       \$100.1         03/05/		Political Activ	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
<ul> <li>Contributor address, City, State, Zip Code</li> <li>Austin, TX 78766-9369</li> </ul> Principal occupation / Job title (See Instructions)             Insurance Agenct <ul> <li>Full name of contributor</li></ul>	4	Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:)	)	7	Amount of Contribution (\$)	
i       Contributor address: City: State: Zip Code         austin, TX 78766-9369         8       Principal occupation / Job title (See Instructions)       P         Insurance Agenct       Matkins Insurance Group         Date       Full name of contributor       out-of-state PAC (IDF       Amount of Contribution (S)         9       Fincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         9       Fincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         1       San Amount of Contributor       Out-of-state PAC (IDF       Amount of Contribution (S)         03/20/2024       Full name of contributor       Out-of-state PAC (IDF       Amount of Contribution (S)         03/20/2024       Full name of contributor       Out-of-state PAC (IDF       Amount of Contribution (S)         03/20/2024       Full name of contributor       Out-of-state PAC (IDF       Amount of Contribution (S)         1       San Amount of Contributor       Out-of-state PAC (IDF       Amount of Contribution (S)         1       San Amount of Contributor       Out-of-state PAC (IDF       Amount of Contribution (S)         1       San Amount of Contributor       Out-of-state PAC (IDF       Amount of Contribution (S)         03/05/2		02/28/2024 Pennington-Noxon, Sheila				\$250.00	
8       Principal occupation / Job title (See Instructions) Insurance Agenct       9       Employer (See Instructions) Watkins Insurance Group         Date       Full name of contributor       out-of-state PAC (De:		I					
8       Principal occupation / Job title (See Instructions) Insurance Agenct       9       Employer (See Instructions) Watkins Insurance Group         Date 03/01/2024       Full name of contributor       out-of-state PAC (Der) Perot, Victor       Amount of Contribution (S) \$350.1         Date 03/01/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S) \$350.1         Date 03/01/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S) \$100.1         Date 03/20/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S) \$100.1         Date 03/20/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S) \$100.1         Date 03/20/2024       Fort Worth, TX 76102-4740       Employer (See Instructions) Insurance Agenct       Amount of Contribution (S) \$100.1         Date 03/05/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S) \$100.1         03/05/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S) \$100.1         03/05/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S) \$100.1         03/21/2024       Full name of contributor       out-of-state PAC (Der)       Amount of Contributi							
8       Principal occupation / Job title (See Instructions) Insurance Agenct       9       Employer (See Instructions) Watkins Insurance Group         Date 03/01/2024       Full name of contributor       out-of-state PAC (Ibr:) Perior, Victor       Amount of Contribution (\$) \$350.1         Date 03/01/2024       Full name of contributor       out-of-state PAC (Ibr:)       Amount of Contribution (\$) \$350.1         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) Brownrigg Insurance Agency, Inc.         Date 03/20/2024       Full name of contributor       out-of-state PAC (Ibr:)         Poticipal occupation / Job title (See Instructions) Insurance Agenct       Amount of Contribution (\$) \$100.1         Date 03/20/2024       Full name of contributor       out-of-state PAC (Ibr:)         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA         Date 03/05/2024       Full name of contributor       out-of-state PAC (Ibr:)         Contributor address; City; State; Zip Code							
Insurance Agenct       Watkins Insurance Group         Date       Full name of contributor       out-of-state PAC (ID::			Austin, TX 78766-9369				
Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/01/2024       Perot, Victor       \$350.4         Oditional contributor address; City; State; Zip Code       Saster PAC (IDE:)       Amount of Contribution (\$)         Jefferson, TX 75657-0625       Employer (See Instructions)       Brownrigg Insurance Agency, Inc.         Date       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/20/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/20/2024       Full name of contributor       out-of-state PAC (IDE:)       Amount of Contribution (\$)         03/20/2024       Fort Worth, TX 76102-4740       Employer (See Instructions)       \$100.4         Insurance Agenct       INSURICA       Amount of Contribution (\$)       \$100.4         03/05/2024       Full name of contributor       out-of-state PAC (IDE:	8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction					
03/01/2024       Perot, Victor       \$350.4         O3/01/2024       Perot, Victor       Contributor address; City, State; Zip Code       \$350.4         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Brownrigg Insurance Agency, Inc.         Date       Foll name of contributor   out-of-state PAC (ID#:		Insurance A	genct	Watkins Insurance Grou	лb		
Contributor address; City, State; Zip Code         Jefferson, TX 75657-0625         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) Brownrigg Insurance Agency, Inc.         Date       Full name of contributor out-of-state PAC (ID#:) O3/20/2024       Amount of Contribution (\$) Poynor, Paulette Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA         Date       Fort Worth, TX 76102-4740         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA         Date       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$100.0 Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA       Amount of Contribution (\$) \$100.0 Contributor address; City; State; Zip Code         Oate       Full name of contributor out-of-state PAC (ID#:) INSURICA       Amount of Contribution (\$) \$25.0 Contributor address; City; State; Zip Code         Oate       Full name of contributor		Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code		03/01/2024					\$350.00
Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) Brownrigg Insurance Agency, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/20/2024       Poynor, Paulette		I			1		
Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) Brownrigg Insurance Agency, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/20/2024       Poynor, Paulette							
Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) Brownrigg Insurance Agency, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/20/2024       Poynor, Paulette							
Insurance Agenct       Brownrigg Insurance Agency, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/20/2024       Poynor, Paulette			Jefferson, TX 75657-0625				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/20/2024       Poynor, Paulette       \$100.0         Contributor address; City; State; Zip Code       Fort Worth, TX 76102-4740       \$100.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Insurance Agenct       INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Full name of contributor       out-of-state PAC (ID#:)       A		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
03/20/2024       Poynor, Paulette       \$100.0         Contributor address; City; State; Zip Code       Fort Worth, TX 76102-4740       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/05/2024       Redden, Roger       \$100.0         Colleyville, TX 76034-5876       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)       Insurance Agenct       \$100.0         Insurance Agenct       InSURICA       InSURICA       \$100.0         Date       Full name of contributor       out-of-state PAC (ID#:		Insurance A	genct	Brownrigg Insurance Ag	jen	cy, Inc.	
03/20/2024       Poynor, Paulette       \$100.0         Contributor address; City, State; Zip Code       Fort Worth, TX 76102-4740       \$100.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100.0         Insurance Agenct       INSURICA       Amount of Contribution (\$)       \$100.0         03/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.0         03/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.0         03/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.0         03/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.0         03/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.0         Insurance Agenct       Insurance Agenct       Insurance Agenct       Insurance Agenct       \$100.0         03/21/2024       Full name of contributor		Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Fort Worth, TX 76102-4740         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agenct       Full name of contributor       out-of-state PAC (ID#:		03/20/2024	Poynor, Paulette				\$100.00
Fort Worth, TX 76102-4740       Employer (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/05/2024       Redden, Roger		I			1		
Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA         Date       Full name of contributor out-of-state PAC (ID#:) O3/05/2024       Amount of Contribution (\$) Redden, Roger         O3/05/2024       Redden, Roger       \$100.0         Contributor address; City; State; Zip Code       Colleyville, TX 76034-5876       Amount of Contribution         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA       Employer (See Instructions) INSURICA         Date       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       Amount of Contribution (\$) \$25.0         Date       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) San Angelo, TX 76904-7710       Amount of Contribution (\$) \$25.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.0							
Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA         Date       Full name of contributor out-of-state PAC (ID#:) O3/05/2024       Amount of Contribution (\$) Redden, Roger         O3/05/2024       Redden, Roger       \$100.0         Contributor address; City; State; Zip Code       Colleyville, TX 76034-5876       Amount of Contribution         Principal occupation / Job title (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA       Employer (See Instructions) INSURICA         Date       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       Amount of Contribution (\$) \$25.0         Date       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) San Angelo, TX 76904-7710       Amount of Contribution (\$) \$25.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.0							
Insurance Agenct       INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)         03/05/2024       Redden, Roger       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Colleyville, TX 76034-5876       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Fugan, Ross       INSURICA       Amount of Contribution (\$)         03/21/2024       Fugan, Ross       Amount of Contribution (\$)       \$25.0         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$25.0         Oaributor address; City; State; Zip Code       San Angelo, TX 76904-7710       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       San Second	_		Fort Worth, TX 76102-4740				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/05/2024       Redden, Roger       \$100.0         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$100.0         Colleyville, TX 76034-5876       Employer (See Instructions)       \$100.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Regan, Ross       San Angelo, TX 76904-7710       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.0		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
03/05/2024 Redden, Roger \$100.0   Contributor address; City; State; Zip Code Colleyville, TX 76034-5876 \$100.0   Principal occuption / Job title (See Instructions) Employer (See Instructions) INSURICA   Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.0   03/21/2024 Regan, Ross Contributor address; City; State; Zip Code Amount of Contribution (\$)   03/21/2024 San Angelo, TX 76904-7710 Employer (See Instructions) \$25.0   Principal occuption / Job title (See Instructions) Employer (See Instructions) \$25.0   Principal occuption / Job title (See Instructions) Employer (See Instructions) \$25.0		Insurance A	genct	INSURICA			
Contributor address; City; State; Zip Code         Colleyville, TX 76034-5876         Principal occupation / Job title (See Instructions)         Insurance Agenct         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Regan, Ross         Contributor address; City; State; Zip Code         San Angelo, TX 76904-7710         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Sen Angelo, TX 76904-7710         Employer (See Instructions)         Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Colleyville, TX 76034-5876       Employer (See Instructions) Insurance Agenct       Employer (See Instructions) INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Regan, Ross       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         San Angelo, TX 76904-7710       Employer (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       See Instructions)		03/05/2024	Redden, Roger				\$100.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agenct       INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Regan, Ross       \$25.0         Contributor address; City; State; Zip Code       San Angelo, TX 76904-7710       \$29.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		I	Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agenct       INSURICA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Regan, Ross       \$25.0         Contributor address; City; State; Zip Code       \$25.0         San Angelo, TX 76904-7710       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agenct       INSURICA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Regan, Ross       \$25.0         Contributor address; City; State; Zip Code       \$25.0         San Angelo, TX 76904-7710       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Insurance Agenct       INSURICA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Regan, Ross			Colleyville, TX 76034-5876				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/21/2024       Regan, Ross       \$25.0         Contributor address; City; State; Zip Code       \$25.0         San Angelo, TX 76904-7710       Employer (See Instructions)		Principal occu	pation / Job title (See Instructions)		5)		
03/21/2024       Regan, Ross       \$25.0         Contributor address; City; State; Zip Code       \$25.0         San Angelo, TX 76904-7710       Employer (See Instructions)		Insurance A	genct	INSURICA			
Contributor address; City; State; Zip Code         San Angelo, TX 76904-7710         Principal occupation / Job title (See Instructions)         Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
San Angelo, TX 76904-7710       Principal occupation / Job title (See Instructions)       Employer (See Instructions)		03/21/2024	Regan, Ross				\$25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
			San Angelo, TX 76904-7710				
Insurance Agenct C A Ross Insurance Agency, LLC	_						
		Insurance A	genct	C A Ross Insurance Age	end	cy, LLC	
						cy, LLC	

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 20/25 Rpt: 26/36	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agen	nts Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	÷: )	7	Amount of Contribution (\$)	
	03/13/2024	Reynolds, Reid				\$100.00
	• • • • • •	6 Contributor address; City; State; Zip Code		ŀ		+
		Austin, TX 78759-8977				
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Insurance Ag		Watkins Insurance Grou			
╞	Date	Full name of contributor out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
	03/19/2024	Roberson Jr., James	/			\$125.00
	00/10/202 .					Ψ120.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77720-2237				
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	L		
	Insurance Ag		J. S. Edwards & Sherloo		nsurance Agency, LLP	
╞	Date		)	Т	Amount of Contribution (\$)	
	02/28/2024	Saenz, Iris	·/			\$50.00
	021201202					Ψ00.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501-2037				
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		South Texas Insurance	Se	rvices	
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	02/28/2024	Saenz, Jaime	·			\$25.00
	•	Contributor address; City; State; Zip Code				ч -
		McAllen, TX 78501-2037				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	genct	South Texas Insurance	Se	rvices	
F	Date	Full name of contributor out-of-state PAC (ID#:	(	Γ	Amount of Contribution (\$)	
	03/20/2024	Schooling, Shannon				\$50.00
	Contributor address; City; State; Zip Code		1			
		Austin, TX 78759-8977				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	genct	Watkins Insurance Grou	up		
$\vdash$						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/25 Rpt: 27/36	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance Agent	s Of Texas		00015593	
4		5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	02/27/2024	— — —				\$1,000.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	l					
		Houston, TX 77027-9128				
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction		5)			
	Insurance A		Cadence Insurance			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/28/2024	Scott, Chris				\$250.00
	I	Contributor address; City; State; Zip Code		]		
	I					
	I					
	Drive sized, oppy	Austin, TX 78759-8977		Ĺ		
	Principal occu Insurance Ag	ipation / Job title (See Instructions)	Employer (See Instructions Watkins Insurance Grou			
		-		чр Т		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 22.00
	03/16/2024	Scott, Christina				\$20.00
	l	Contributor address; City; State; Zip Code				
	I					
	I	Rockport, TX 78381-1478				
$\vdash$	Principal occu	Ination / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag		GSM Insurors			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	03/21/2024	Scott, Susan				\$10.00
	I	Contributor address; City; State; Zip Code		1		
	l					
	I					
		San Angelo, TX 76904-7710				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag	jenct	C A Ross Insurance Age	eno	cy, LLC	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/13/2024	Sharpe, Carter				\$150.00
	Contributor address; City; State; Zip Code			]		
	I					
	I					
		Brownwood, TX 76804-0130		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions		Aranayina	
	Insurance Ag		Johnson Smith Insuranc	ce /	Agency inc	

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 22/25 Rpt: 28/36
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		on Committee Of The Independent Insurance Agent	s Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	03/05/2024	Silgero, Linda		\$50.00
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78768-4487		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Director of A	dministration	Independent Insurance	Agents of Texas
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/21/2024	Smith, Cindy		\$50.00
		Contributor address; City; State; Zip Code		
		;;		
		San Angelo, TX 76904-7710		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Insurance Ag		C A Ross Insurance Age	ency, LLC
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/19/2024	Smith, Juanice	)	\$100.00
	00/10/2021			
		Contributor address, City, State, Zip Code		
		Beaumont, TX 77706-4050		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)
	Insurance Ag		ANCO Insurance Servic	
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/13/2024	Spears, Tanner		\$250.00
		Contributor address; City; State; Zip Code		
		;;;		
		Early, TX 76802-2114		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	6)
	Insurance A	genct	Porter Insurance Agenc	y, Inc.
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/15/2024	Taylor, Jo		\$20.00
		Rockport, TX 78381-1478		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I 6)
I	Insurance Ag		GSM Insurors	
⊢		-		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 23/25 Rpt: 29/36 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/20/2024 Taylor, Kimberly \$10.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-4740 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agenct **INSURICA** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/26/2024 Tovar, Nickie \$25.00 Contributor address; City; State; Zip Code Austin, CA 78768-4487 Principal occupation / Job title (See Instructions) Employer (See Instructions) Accounting Admin. Independent Insurance Agents of Texas Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/18/2024 Trautmann Sr., Stephen \$1,000.00 Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) Employer (See Instructions) GSM Insurors Services of South Texas, Inc. Insurance Agenct Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/06/2024 \$500.00 Veale, Ed Contributor address; City; State; Zip Code Plano, TX 75025-5342 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Swingle, Collins & Associates Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/07/2024 \$1,000.00 Watkins, Patrick Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Watkins Insurance Group

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 24/25 Rpt: 30/36
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
02/29/2024	Weatherby, Kyle		\$250.00
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75240-7336		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Insurance A	genct	Swingle, Collins & Assoc	iciates
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/03/2024	Wesson Jr., Lawrence		\$500.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75209-5106	1	
	upation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	jenct	Swingle, Collins & Asso	-
Date	—	)	Amount of Contribution (\$)
03/15/2024	Wharton, Trey		\$500.00
	Contributor address; City; State; Zip Code		
	Linteville TV 77240 2021		
Dringingloogu	Huntsville, TX 77340-3831		
Insurance A	ipation / Job title (See Instructions) genct	Employer (See Instructions Wharton Insurance Netv	
	- 		-
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/04/2024	Wood, Joshua		\$250.00
	Contributor address; City; State; Zip Code		
	Farmers Branch, TX 75234-5206		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Insurance A		Swingle, Collins & Assoc	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
03/21/2024	Wuthrich, David	/	\$10.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77055-3511		
		Employer (See Instructions	s)
Insurance Agenct IIA Houston			

MONE	ARY POLITICAL CONTRIBUTIO	DNS	SCHEDULE A1
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/25 Rpt: 31/36	
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593	
4 Date 02/28/2024			<ul><li>7 Amount of Contribution (\$)</li><li>\$250.00</li></ul>
	Jasper, TX 75951-4536		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Insurance A	genct	First Insurance Services	3

# 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: 32/36	
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 (\$)
	03/04/2024		Independent Insurance Agents of Texas		1,214.94

# 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	Schedule C4: t: 33/36	
2	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 (\$)		
	03/25/2024		Independent Insurance Agents of Texas				692.59

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

	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: 1/3 Rpt: 34/36	Political Action Committee Of The Independent Insurance 00015593					
4 Date 03/13/2024	5 Payee name Dade Phelan Campaign					
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 447					
Expenditure from corporate funds	Austin, TX 78763					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	9 Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held					
Date	Payee name					
03/13/2024	DeWayne Burns Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 6514					
Expenditure from corporate funds	Celeburne, TX 76033					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>					
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH						
Date	Payee name					
03/13/2024	Frederick Frazier Campaign					
Amount (\$) \$250.00	Payee address; City; State; Zip Code 701 Highway 281 Suite H #196					
Expenditure from corporate funds	McKinney, TX 75070					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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: 2/3 Rpt: 35/36	Political Action Committee Of The Independent Insurance 00015593				
4 Date 03/19/2024	5 Payee name Jeff Barry Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$5,000.00	5150 Kensington Court				
Expenditure from corporate funds	Pearland, TX 77588				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
03/19/2024	John Kuempel Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	1105 E. Main St. #233				
Expenditure from corporate funds	Seguin, TX 78165				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
03/13/2024	Justin Holland Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P.O. Box 92007				
Expenditure from corporate funds	Rockwall, TX 75032				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glft/Awards/Memorials Expense     Printing Expense     Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 3/3 Rpt: 36/36	Political Action Committee Of The Independent Insurance 00015593				
4 Date	5 Payee name				
03/13/2024	Lynn Stucky Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$250.00	3801 Kirby Drive STE 411				
Expenditure from corporate funds	Denton, TX 76202				
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 Delta Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION				
	TOLHCAL CONTRIBUTION				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
03/19/2024	Stephanie Klick Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P.O. Box 929				
Expenditure from corporate funds	Fort Worth, TX 76111				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee DeliTical Contract of Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION				
	FOLITICAL CONTRIBUTION				
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held					
Date	Payee name				
03/19/2024	Trey Wharton Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	3801 Turtle Creek Dr. Unit 3				
Expenditure from corporate funds	Huntsville, TX 77342				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
	Candidate/Officeholder/Political Committee DeliTical Contract of Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				