

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015593	2 Total pages filed: 36				
3 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 04/03/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 684487 Austin, TX 78768		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Mr.	Regan M.					
	NICKNAME	LAST	SUFFIX				
		Ellmer					
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1115 San Jacinto Blvd, Suite 100 Austin, TX 78701						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1115 San Jacinto Blvd, Suite 100 Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	493-2454					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	26	2024		03	25	2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Barry State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,762.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	17,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	837,542.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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

Mr. Regan M. Ellmer
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Stephanie Klick State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dade Phelan State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported DeWayne Burns State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas		18 Filer ID (Ethics Commission Filers) 00015593
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,855.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,214.94
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 692.59
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/25 Rpt: 7/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahrens, Nichole <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78381-1478	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) GSM Insurors-Alpine
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armitage, Mindy <hr/> Contributor address; City; State; Zip Code San Angelo, LA 76904-7710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Sam <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-2984	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swain & Baldwin Insurance, LLC.
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin III, Ray <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-2984	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swain & Baldwin Insurance, LLC.
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Ronnie <hr/> Contributor address; City; State; Zip Code Paris, TX 75460-3212	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ballard Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/25 Rpt: 8/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Vicki <hr/> 6 Contributor address; City; State; Zip Code Paris, TX 75460-3212	7 Amount of Contribution (\$) \$600.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Ballard Insurance Agency
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jim <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-4740	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Jim <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-4740	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett, Benjamin <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901-5752	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Morgan Insurance Agency
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basdekis, Nicholas <hr/> Contributor address; City; State; Zip Code Rockport, TX 78381-1478	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/25 Rpt: 10/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bouchard, Joey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-3575	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) QuoteWell
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, Peter <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79105-1070	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Williams-Boyce Agency, LLP
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, William <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79105-1070	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Williams-Boyce Agency, LLP
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brence, Collin <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080-1809	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Mark <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101-1406	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/25 Rpt: 11/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke, Cory <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130-2567	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Alliant Insurance Services
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Megan <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumley-Ritter, Kimberly <hr/> Contributor address; City; State; Zip Code Groom, TX 79039-0597	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Brumley Insurance Agency
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cahill, Debra <hr/> Contributor address; City; State; Zip Code Lufkin, FL 75901-5752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Morgan Insurance Agency
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Maria <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536-4177	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Kicker Insurance Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/25 Rpt: 12/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardwell, Kyle <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240-1381	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Swingle, Collins & Associates
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chester, Dalton <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-7260	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Transportation Insurance Services, Inc.
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comiskey, Frank <hr/> Contributor address; City; State; Zip Code Houston, TX 77257-0187	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Frank Comiskey Agency, Inc.
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crane, June <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7937	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Bockmon Insurance Agency, Inc.
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruzan, Kenneth <hr/> Contributor address; City; State; Zip Code Rockport, TX 78381-1478	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/25 Rpt: 13/36
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dacy, Daniel <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-4740	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) INSURICA
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Stephen <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77402-1048	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GBS Insurance Agency, Inc.
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Jeanie <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draeken, Mike <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Watkins Insurance Group
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Alex <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/25 Rpt: 14/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eanes, Evelyn <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-1001	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Independent Insurance Center, Inc.
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmiston, Lexanne <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elengold, Mitchell <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hertel Insurors Group, LLP
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Matt <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris, Marialma <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536-4177	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Kicker Insurance Services Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/25 Rpt: 15/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferri, Hannah <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78381-1478	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) GSM Insurors
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd III, Edward <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380-1152	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Floyd Insurance Agency
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedel, Jill <hr/> Contributor address; City; State; Zip Code Victoria, TX 77902-2554	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Janecka Insurance Agency
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Bill <hr/> Contributor address; City; State; Zip Code Houston, TX 77023-5261	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Bill Garcia Insurance Agency
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Savannah <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/25 Rpt: 18/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinchon, Christopher <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Watkins Insurance Group
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hempkins, Bradley <hr/> Contributor address; City; State; Zip Code Allen, TX 75002-2850	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hempkins Insurance
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertel, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7812	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hertel Insurors Group, LLP
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Bonnie <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Chris <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-4740	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/25 Rpt: 20/36
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kessel, Rudy	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Paris, TX 75460-4883		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Norment & Landers LP
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Solomon	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Dallas, TX 75240-1381		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsey, Amber	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78759-7812		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hertel Insurors Group, LLP
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lair, Grant	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75240-1381		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Andrea	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Arlington, TX 76018-1161		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/25 Rpt: 21/36
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liere, Leslie <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845-4189	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Innovative Consumer Insurance Advisors llc
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftis Jr., H. <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8977	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Watkins Insurance Group
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Kirk <hr/> Contributor address; City; State; Zip Code Galveston, TX 77552-6767	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Galveston Insurance Associates
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luera, Delinda <hr/> Contributor address; City; State; Zip Code Katy, CA 77493-2717	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Carroll Insurance Agency, Ltd.
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Gray <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hertel Insurors Group, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/25 Rpt: 22/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manske, Martha <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-6555	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Hertel McClendon, LLP
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Bianca <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Letty <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644-0874	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) E&O Advocate		Employer (See Instructions) Independent Insurance Agents of Texas
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, Blake <hr/> Contributor address; City; State; Zip Code Rockport, TX 78381-1478	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, John <hr/> Contributor address; City; State; Zip Code Rockport, TX 78381-1478	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/25 Rpt: 24/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Don <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015-3705	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Don Moore Insurance Services, LLC
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Cheryl <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Van <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitsche, Robert <hr/> Contributor address; City; State; Zip Code Giddings, TX 78942-4330	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The Nitsche Group
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obriotti, Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/25 Rpt: 25/36
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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington-Noxon, Sheila <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78766-9369	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Watkins Insurance Group
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perot, Victor <hr/> Contributor address; City; State; Zip Code Jefferson, TX 75657-0625	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Brownrigg Insurance Agency, Inc.
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Paulette <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-4740	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redden, Roger <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5876	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Ross <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/25 Rpt: 26/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Reid <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-8977	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Watkins Insurance Group
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson Jr., James <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77720-2237	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) J. S. Edwards & Sherlock Insurance Agency, LLP
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Iris <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-2037	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) South Texas Insurance Services
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jaime <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-2037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) South Texas Insurance Services
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schooling, Shannon <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-8977	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Watkins Insurance Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/25 Rpt: 27/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiber, Edward	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Houston, TX 77027-9128		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Cadence Insurance
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Chris	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78759-8977		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Watkins Insurance Group
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Christina	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockport, TX 78381-1478		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Angelo, TX 76904-7710		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharpe, Carter	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Brownwood, TX 76804-0130		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Johnson Smith Insurance Agency Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/25 Rpt: 28/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silgero, Linda	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78768-4487		
8 Principal occupation / Job title (See Instructions) Director of Administration		9 Employer (See Instructions) Independent Insurance Agents of Texas
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cindy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Angelo, TX 76904-7710		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Juanice	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Beaumont, TX 77706-4050		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ANCO Insurance Services of B/CS
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Tanner	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Early, TX 76802-2114		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Porter Insurance Agency, Inc.
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jo	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockport, TX 78381-1478		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/25 Rpt: 30/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherby, Kyle	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Dallas, TX 75240-7336		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Swingle, Collins & Associates
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesson Jr., Lawrence	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75209-5106		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Trey	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Huntsville, TX 77340-3831		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Wharton Insurance Network
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Joshua	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Farmers Branch, TX 75234-5206		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wuthrich, David	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77055-3511		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) IIA Houston

MONETARY POLITICAL CONTRIBUTIONS

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeary, Willie 6 Contributor address; City; State; Zip Code Jasper, TX 75951-4536	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) First Insurance Services

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 Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/04/2024	5 Corporation / Labor Organization name Independent Insurance Agents of Texas	6 Amount (\$) 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 Schedule C4: Sch: 1/1 Rpt: 33/36
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/25/2024	5 Corporation / Labor Organization name Independent Insurance Agents of Texas	6 Amount (\$) 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/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 34/36	2 FILER NAME Political Action Committee Of The Independent Insurance	3 Filer ID (Ethics Commission Filers) 00015593
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4 Date 03/13/2024	5 Payee name Dade Phelan Campaign
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 447 Austin, TX 78763
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/13/2024	Payee name DeWayne Burns Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 6514 Celeburne, TX 76033
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/13/2024	Payee name Frederick Frazier Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 701 Highway 281 Suite H #196 McKinney, TX 75070
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 35/36	2 FILER NAME Political Action Committee Of The Independent Insurance	3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/19/2024	5 Payee name Jeff Barry Campaign	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5150 Kensington Court Pearland, TX 77588	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2024	Payee name John Kuempel Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1105 E. Main St. #233 Seguin, TX 78165	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/13/2024	Payee name Justin Holland Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 92007 Rockwall, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OH	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/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 36/36	2 FILER NAME Political Action Committee Of The Independent Insurance	3 Filer ID (Ethics Commission Filers) 00015593
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4 Date 03/13/2024	5 Payee name Lynn Stucky Campaign
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3801 Kirby Drive STE 411 Denton, TX 76202
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/19/2024	Payee name Stephanie Klick Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 929 Fort Worth, TX 76111
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/19/2024	Payee name Trey Wharton Campaign
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3801 Turtle Creek Dr. Unit 3 Huntsville, TX 77342
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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