MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00015593 2 Total pages filed: 37							
3	COMMITTEE NAME	OFFICE USE ONLY						
	Political Action Cor	nmittee Of The Independent Insurance Ag	ents Of Texas	Date Received				
				ELECTRONICALLY FILED				
				05/03/2024				
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 TREASURER	MS / MRS / MR FIRST	MI					
	NAME	Mr. Regan M		Receipt # Amount				
				Date Processed				
		NICKNAME LAST	SUF					
		Ellmer		Date Imaged				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE				
	STREET	1115 San Jacinto Blvd, Suite 100						
	ADDRESS (Residence or Business)							
	()	Austin, TX 78701						
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE				
	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						
- -	REPORT TYPE							
ľ		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)				
10	MONTHLY							
-"	REPORT FILING	January 5 April	5 July 5	October 5				
	DEADLINE	February 5 X May	5 August 5	November 5				
		March 5 June	5 September 5	December 5				
11	. PERIOD COVERED	Month Day Year	Mon	•				
	COVERED	03/26/2024	04/2	25/2024				
		GO 1	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 Commit	00015593			
14 COMMITTEE 1. Candidates A. Supported Janie Lopez State Representative ACTIVITY (identify by name or, if applicable, classify by party.) A. Supported Janie Lopez State 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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	43,494.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	864,538.31
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Rega	n M. Ellmer	
		Signature of Ca		irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

MONTHLY FIL	LING GPAC R	EPORT	PURPOSE		FORM MPAC
12 COMMITTEE NAME				13 Filer ID	Page 3 of 37 (Ethics Commission Filers)
Political Action Committee	e Of The Independent	Insurance Ad	ents Of Texas	00015593	. ,
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Lujan State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Giovanni Capriglione Sta	te Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			

3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE 1. Candidates A. Supported Oscar Longoria State Representative (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed

-				
		(Identify by name or, if applicable, classify by party.)		
		3. Officeholders Assisted		
			B. Opposed	
		(Describe by date and location of election and nature of issue.)		
		2. Measures	A. Supported	
	report if necessary.)			
	paper to complete this			

ACTIVITY

MONTHLY FI	LING GPAC R	REPORT:	PURPO	DSE		FORM MPAC
					1	Page 4 of 37
12 COMMITTEE NAME Political Action Committe	e Of The Independent	t Insurance Ag	ents Of Texa	S	13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gina Hinojo	sa 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.)		Jane Bland	Supreme Court 3	lustice	
(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	Pete Flores	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		•				

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MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 5 of 37

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee		-			00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf State R	epresentative	<u>;</u>	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jarvis Johnson State	te Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	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.)		Terry Wilson State F	Representativ	′e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

MONTHLY FI	LING GPAC F	EPORT: PURPOSE	FORM MPAC
			Page 6 of 37
2 COMMITTEE NAME Political Action Committe	e Of The Independen	Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.	A. Supported Gary VanDeaver State Rep	resentative
(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		

FORM MPAC **SUBTOTALS - MPAC COVER SHEET PG 3** 7 of 37 18 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 41,641.00 690.63 162.95 500.00

2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 6
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,2
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.		SCHEDULE E: LOANS	\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,5
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

17 COMMITTEE NAME

X

1.

19 SCHEDULE SUBTOTALS

NAME OF SCHEDULE

	The Instruction Guide explains how to complete this form. 1				Total pages Schedule A1: Sch: 1/24 Rpt: 8/37	
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 (\$)	
	04/02/2024	Agness, Chris	····,			\$500.00
	•	6 Contributor address; City; State; Zip Code				
		West Lake Hills, TX 78746-6401				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Insurance A	genct	Agness Insurance Ager	ncy,	Inc.	
F	Date	Full name of contributor out-of-state PAC (ID:)#:)		Amount of Contribution (\$)	
	04/19/2024	Aguiluz, Claudia				\$25.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75080-2784				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	yenct	Patterson & Associates	s Ins	urance Agency	
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Τ	Amount of Contribution (\$)	
	04/25/2024	Allen, Lane				\$250.00
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75231-6458				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l IS)		
	Insurance Ag		Roach Howard Smith &		rton	
╞	Date	Full name of contributor Out-of-state PAC (ID:		T	Amount of Contribution (\$)	
	04/18/2024	Allred, Diana	/#/			\$25.00
	0-1,10,202.	Contributor address; City; State; Zip Code				Ψ20100
		Continuator address, Oity, State, Zip Code				
		Richardson, TX 75080-2784				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Insurance A	genct	Patterson & Associates	s Ins	urance Agency	
╞	Date	Full name of contributor out-of-state PAC (ID:)#:)		Amount of Contribution (\$)	
	04/10/2024	Allums, Grady				\$250.00
		Contributor address; City; State; Zip Code		··		
		Dallas, TX 75231-6458				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Insurance A	jenct	Roach Howard Smith &	& Ba	rton	
1						

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/24 Rpt: 9/37		
2	FILER NAME			3	Filer ID (Ethics Commission	n 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 (\$)	
	04/23/2024	Barclay III, John		ľ		\$250.00
	0	6 Contributor address; City; State; Zip Code				+= u
		CUltimbutor address, City, State, Zip Code				
		Austin, TX 78757-6864				
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Insurance A		The John A. Barclay Ag		cy, Inc	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
	04/23/2024	Blount, Garrett	/		Allount of Contineation (+)	\$100.00
	07/20/202.					Ψ100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Insurance A		Watkins Insurance Grou			
╞		-		 T	Amount of Contribution (¢)	
	Date)		Amount of Contribution (\$)	#100.00
	04/09/2024					\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78217-6217				
┡	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\frac{1}{2}$		
	Insurance A		Whitaker Insurance Ass		atas Inc	
╞		-		T		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	+
	04/22/2024	Boyd, Shawn				\$250.00
		Contributor address; City; State; Zip Code				
L		Pampa, TX 79065-6549	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Insurance A	genct	INSURICA			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/10/2024	Broome, Michelle				\$100.00
	Contributor address; City; State; Zip Code		1			
		Fort Worth, TX 76107-8000				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	genct	Roach Howard Smith &	Ba	rton	
⊢						

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 3/24 Rpt: 10/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Political Activ	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
	Date	· · ·)	7	Amount of Contribution (\$)	
7	04/08/2024	Bump, Denise	/	ľ		\$100.00
	04/00/2024					ΦT00.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75231-6458	1			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	genct	Roach Howard Smith &	Ba	rton	
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	04/18/2024	Chavez, Mara				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240-1381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag		Swingle, Collins & Asso	cia	tes	
	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	04/22/2024	Chubon, Gregory	/			\$250.00
	0412212027			-		Ψ200.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77024-1106				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	د) 		
	Insurance Ag		GSM Insurors-Houston	5)		
		-		T		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/23/2024	Coburn, Rosalie]		\$25.00
		Contributor address; City; State; Zip Code]		
		Richardson, TX 75080-2784				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	genct	Patterson & Associates	Ins	surance Agency	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/22/2024	Dahl, Angie				\$500.00
		Contributor address; City; State; Zip Code		1		
		Wimberley, TX 78676-7149				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag		DeMasters-Daniel Insur		ce Agency, Inc.	
\vdash					.	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 4/24 Rpt: 11/37 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 (\$) 04/19/2024 Dietze, John \$100.00 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#: 04/02/2024 \$500.00 Dreyer, Kirk Contributor address; City; State; Zip Code Dallas, TX 75240-1381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Swingle, Collins & Associates Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/19/2024 Eisenrich, Lloyd \$2,500.00 Contributor address; City; State; Zip Code Andrews, TX 79714-6313 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Weatherby-Eisenrich Insurance Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2024 \$250.00 Eppler, Shelton Contributor address; City; State; Zip Code Austin, TX 78734-5281 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#: 04/02/2024 \$250.00 Eppler, Skylar Contributor address; City; State; Zip Code Austin, TX 78734-5281 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct TexStar-Integra Insurance Services

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/24 Rpt: 12/37 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 (\$) 04/23/2024 Ervin, Deborah \$100.00 6 Contributor address; City; State; Zip Code Midland, TX 79705-5359 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agenct The Ervin Agency Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/09/2024 \$100.00 Fischer, Rachel Contributor address; City; State; Zip Code San Antonio, TX 78217-6217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Whitaker Insurance Associates, Inc. Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/18/2024 Foster, Gina \$100.00 Contributor address; City; State; Zip Code Richardson, TX 75080-2784 Principal occupation / Job title (See Instructions) Employer (See Instructions) Patterson & Associates Insurance Agency Insurance Agenct Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/23/2024 \$250.00 Frasier, Amiel Contributor address; City; State; Zip Code Round Mountain, TX 78663-0001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Moursund Insurance Agency Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/12/2024 \$250.00 Galati, Nicholas Contributor address; City; State; Zip Code Fort Worth, TX 76107-8000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Roach Howard Smith & Barton

 				
Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 04/25/2024 5 Full name of contributor Goodgion, Rustin out-of-state PAC (IDE) 7 Amount of Contribution (S) S250,0 8 Principal occupation / Job title (See Instructions) Insurance Agenct P Employer (See Instructions) Patterson & Associates Insurance Agency Amount of Contribution (S) Gorman, Lori Contribution address; City; State; Zip Code Amount of Contribution (S) Gorman, Lori Contribution address; City; State; Zip Code Date 04/23/2024 Full name of contributor Contribution address; City; State; Zip Code Amount of Contribution (S) S100,0 Principal occupation / Job title (See Instructions) Insurance Agenct Employer (See Instructions) Mary Hunt Insurance Amount of Contribution (S) S100,0 Principal occupation / Job title (See Instructions) Insurance Agenct Employer (See Instructions) Insurance Agenct Amount of Contribution (S) S50,0 Date 04/01/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (S) Svingle, Collins & Associates Date 03/26/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (S) Svingle, Collins & Associates Date 04/25/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (S) Svingle, Collins & Associates Date 04/25/2024 Full name of contributor Contrib	The Instruc	ction Guide explains how to complete this f	form.	
Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 04/25/2024 5 Full name of contributor Goodgion, Rustin out-of-state PAC (IDP) 7 Amount of Contribution (S) S250.0 8 Principal occupation / Job title (See Instructions) Insurance Agenct 9 Employer (See Instructions) Patterson & Associates Insurance Agency Amount of Contribution (S) Gorman, Lori Amount of Contribution (S) Gorman, Lori Date 04/23/2024 Full name of contributor Gorman, Lori out-of-state PAC (IDP	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
04/25/2024 Goodgion, Rustin S250.0 6 Contributor address; City; State; Zip Code S250.0 7 Principal occupation / Job title (See Instructions) Patterson & Associates Insurance Agency Date Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 04/23/2024 Gorman, Lori Contributor address; City: State; Zip Code Amount of Contribution (S) 04/23/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 04/23/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 04/23/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 04/01/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 04/01/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 03/26/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 03/26/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S) 03/26/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (S)	Political Actic	on Committee Of The Independent Insurance Agen	ts Of Texas	
 Contributor address: City; State; Zip Code Richardson, TX 75080 Principal occupation / Job title (See Instructions) Insurance Agenct Patterson & Associates Insurance Agency Date Od/23/2024 Full name of contributor dout-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
Richardson, TX 75080 8 Principal occupation / Job tille (See Instructions) Insurance Agenct 9 Employer (See Instructions) Patterson & Associates Insurance Agency Date Full name of contributor out-of-state PAC (Der	04/25/2024	Goodgion, Rustin		\$250.00
Richardson, TX 75080 8 Principal occupation / Job tille (See Instructions) Insurance Agenct 9 Employer (See Instructions) Patterson & Associates Insurance Agency Date Gorman, Lori out-of-state PAC (Det Amount of Contribution (\$) S100.0 04/23/2024 Gorman, Lori out-of-state PAC (Det Amount of Contribution (\$) S100.0 04/23/2024 Gorman, Lori out-of-state PAC (Det Amount of Contribution (\$) S100.0 04/23/2024 Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) Gorman, Lori Principal occupation / Job tille (See Instructions) Insurance Agenct Employer (See Instructions) Mary Hunt Insurance Amount of Contribution (\$) S50.0 Date Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) S50.0 Od/01/2024 Gors, Brenda State Zip Code Amount of Contribution (\$) S50.0 Date Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) Stringle, Collins & Associates Date Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) Stringle, Collins & Associates Date Full name of contributor out-of-state PAC (Det Amount of Contribution (\$) Stringle, Collins & Associates		6 Contributor address; City; State; Zip Code		1
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	04/25/2024			\$10.00
		Contributor address; City; State; Zip Code		
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Amarillo, TX 79101-1406	Dringing ogg			
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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 (\$)		
	04/23/2024	Grogan, Raven		/			\$10.00
		6 Contributor address; City; State; Zip Co					
		Rockport, TX 78381-1478					
8	Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instructions	<u> </u> 5)		
	Insurance Ag			GSM Insurors-Victoria	,		
⊨				`		Amount of Contribution (\$)	
	Date 04/09/2024		tate PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	04/09/2024	Haga, Alyse					Φ100.00
		Contributor address; City; State; Zip Co	de				
		San Antonio, TX 78217-6217					
⊢	Bringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Ag			Whitaker Insurance Ass		ates Inc	
	Date		tate PAC (ID#:)		Amount of Contribution (\$)	±100.00
	04/19/2024	Hahn, Micah					\$100.00
		Contributor address; City; State; Zip Co	de				
		Richardson, TX 75080					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Aç	genct		Patterson & Associates	Ins	surance Agency	
	Date	Full name of contributor out-of-s	tate PAC (ID#:)		Amount of Contribution (\$)	
	04/09/2024	Hall III, John					\$500.00
		Contributor address; City; State; Zip Co	de				
		Dallas, TX 75231-6458					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance Ag	genct		Roach Howard Smith &	Ba	rton	
F	Date	Full name of contributor out-of-s	tate PAC (ID#:)		Amount of Contribution (\$)	
	04/08/2024	Hansen, Dirk					\$250.00
		Contributor address; City; State; Zip Co					
1		Dallas, TX 75231-6458					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
I	Insurance Ag	genct		Roach Howard Smith &	Ba	rton	
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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#:)			+	Amount of Contribution (\$)	
-	04/18/2024	Harlow, Debbie	/ I	.	Amount of Contribution (+)	\$50.00
	04/10/202 .					ψου.σο
	!	6 Contributor address; City; State; Zip Code	Ţ			
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	1	The Colony, TX 75056-4038	ļ			
Ļ	Dringinal occu		Employer (See Instruction)			
ð			9 Employer (See Instructions			
L	Insurance Ag		Patterson & Associates			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2024	Harris, Adam				\$100.00
	1	Contributor address; City; State; Zip Code	······	1		
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		1	,			
		Sugar Land, TX 77478-3793				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	genct	Insurance Solutions of T	Гех	as	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/02/2024	Harrison Jr., William				\$500.00
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	1	San Antonio, TX 78216-5849	ļ			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u> د)		
	Insurance Ag	,	TASA Risk Solutions	3)		
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	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	*100.00
	04/23/2024	Hendrickson, Elizabeth				\$100.00
	1	Contributor address; City; State; Zip Code	ļ]		
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L	'	Kaufman, TX 75142-0279				
		upation / Job title (See Instructions)	Employer (See Instructions		· – .	
L	Insurance Ag	Jenct	Rowden, Hendrickson, S	Shi	pley and Rymer, Inc.	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/02/2024	Henry, Alan	ļ			\$250.00
	!	Contributor address; City; State; Zip Code		1		
	!	1	Ţ			
	!	1	Ţ			
	,	Lubbock, TX 79410-1201	ł			
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Alan Henry Insurance A		ncy, Inc.	
\vdash						

	The Instru	The Instruction Guide explains how to complete this form.				
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593	
Λ	Date 5 Full name of contributor Out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
1	04/18/2024)	ľ		\$500.00
	04/10/2024	Henry, Ryan				\$500.00
		6 Contributor address; City; State; Zip Code				
	Lubbock, TX 79410-1201					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	genct	Alan Henry Insurance A	Agen	cy, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/26/2024	Hertel, William				\$1,000.00
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78759-7812				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Insurance A		Hertel Insurors Group, L			
			· · · · · · · · · · · · · · · · · · ·			
	Date)		Amount of Contribution (\$)	
	04/19/2024	Holland, Linda				\$40.00
		Contributor address; City; State; Zip Code]		
		Richardson, TX 75080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	genct	Patterson & Associates	Insi	urance Agency	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/11/2024	Hughston, Tom				\$1,000.00
		Contributor address; City; State; Zip Code		·		
		Dallas, TX 75231-6458				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		Roach Howard Smith &		ton	
			Ruacii Huwaiu Siliuli &	Dai	lon	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/23/2024	Jackson, Russell				\$250.00
		Contributor address; City; State; Zip Code		1		
		Paris, TX 75461-0459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A		Pierson & Fendley Insur		e Agency, LLC	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/24 Rpt: 17/37 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 (\$) 04/19/2024 Jamison, Pam \$25.00 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#: 04/09/2024 \$500.00 Jones, Doug Contributor address; City; State; Zip Code Dallas, TX 75231-6458 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Roach Howard Smith & Barton Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/22/2024 Kakacek, Scott \$250.00 Contributor address; City; State; Zip Code Richardson, TX 75083-0846 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Rising Star Insurance Group, Inc. Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 04/22/2024 \$250.00 Kanuth, Robert Contributor address; City; State; Zip Code Rockwall, TX 75032-0183 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct **K&S** Insurance Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/20/2024 Kaufman, Garry \$2,500.00 Contributor address; City; State; Zip Code Galveston, TX 77552-6767 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Galveston Insurance Associates

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/24 Rpt: 18/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance Agents	s Of Texas		00015593	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
-	04/19/2024	Kelley, Kurt	/	Ι.	Amount of Continents (),	\$1,250.00
	04/10/202	6 Contributor address; City; State; Zip Code		ł		Ψ1,200.0-
		6 Contributor address, City, State, Lip Code	ļ			
		1	ļ			
		The Woodlands, TX 77380-2076				
8	•		9 Employer (See Instructions			
	Director Of A	Advantage Markets	Mobile Insurance Agenc	cy c	of Texas, Inc.	
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Kincaid, Melissa				\$1.00
		Contributor address; City; State; Zip Code		1		
			ļ			
		1	ļ			
		Rockport, TX 78381-1478				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>5</u>)		
	Insurance A	genct	GSM Insurors			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/19/2024	Kopp, Jennifer				\$5.00
		Contributor address; City; State; Zip Code		1		
			ļ			
		1	ļ			
		Rockport, TX 78381-1478				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	genct	GSM Insurors			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/24/2024	Korman, Lyn				\$25.00
		Contributor address; City; State; Zip Code		1		
		- -	ļ			
		1				
		Richardson, TX 75080-2784				\$5.00
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	genct	Patterson & Associates	Ins	surance Agency	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	\$25.00
	04/18/2024	Land, Tammy				\$50.00
		Contributor address; City; State; Zip Code		1		
		1				
		Richardson, TX 75080-2784				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	genct	Patterson & Associates	Ins	surance Agency	
⊢			<u>.</u>			

	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 12/24 Rpt: 19/37		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		+	Amount of Contribution (\$)	
ľ	04/04/2024	Landers, Jon	,	ľ		\$250.00
	0 //0 // 202 /					<i><i>Ψ</i>LUUUUUUUUUUUUU</i>
		Contributor address, City, State, Zip Code				
		Paris, TX 75460-4883				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Insurance Ag		Norment & Landers LP			
⊢	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	04/24/2024	Lawson, Philip	/		Allount of Contribution (*)	\$100.00
						Ψ±00.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75080				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Insurance Ag		Patterson & Associates		surance Agency	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	04/09/2024	Lerma, Amber	,			\$100.00
	0					+=0
		San Antonio, TX 78217-6217				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	genct	Whitaker Insurance Ass	soci	ates, Inc.	
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	04/18/2024	Lewis, Joshua				\$25.00
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78768-4487				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director of F	inance	Independent Insurance	Ag	ents of Texas	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/18/2024	Lewis, Kier				\$25.00
	Contributor address; City; State; Zip Code					
		Austin, TX 78768-4487				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Agenct Independent Insurance A		Ag	ents of Texas		

	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 13/24 Rpt: 20/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
		on Committee Of The Independent Insu	Irance Agents	Of Texas		00015593	, ,
4	Date	· · ·	-)	7	Amount of Contribution (\$)	
ľ	04/18/2024 Locke, Sherri		ľ	, where or equilibrium (,	\$100.00		
	•	6 Contributor address; City; State; Zip Co			{		-
			uc				
		Richardson, TX 75080-2784					
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions		5)				
	Insurance A	genct		Patterson & Associates	Ins	surance Agency	
╞	Date	Full name of contributor out-of-s	state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/24/2024	MacKay, Drew					\$25.00
		Contributor address; City; State; Zip Co			1		
		Richardson, TX 75080-2784					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	Jenct		Patterson & Associates	Ins	surance Agency	
	Date	Full name of contributor out-of-s	state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/26/2024	Margo III, Donald					\$2,500.00
		Contributor address; City; State; Zip Co			1		
		El Paso, TX 79901-1225					
		ipation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	jenct		HUB International Insura	and	ce Services	
	Date		state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	04/19/2024	Marquis, Kimberly					\$20.00
		Contributor address; City; State; Zip Co	de		1		
		De electricity 20201 1470					
	Duite sized as an	Rockport, TX 78381-1478	r		Ĺ		
		ipation / Job title (See Instructions)		Employer (See Instructions		240.00	
	Insurance A		l	GSM Insurors - Disc Ad	Vai		
	Date	_	state PAC (ID#:)		Amount of Contribution (\$)	±=20.00
	04/10/2024	McClenahan, Spencer					\$500.00
	Contributor address; City; State; Zip Code						
		Dallas TV 75231_6459					
\vdash	Dringingl goog	Dallas, TX 75231-6458	r	Employer (Coo Instructions	<u> </u>		
		ipation / Job title (See Instructions)		Employer (See Instructions Roach Howard Smith &		rton	
	Insurance Ag				Do		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 21/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		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 (\$)	
	04/22/2024	McDavid Jr., John	/	Ι.	Allount of Continuation (+)	\$1,000.00
	0-122,202	6 Contributor address; City; State; Zip Code		ł		Ψ1,000.00
		CUltifibution address, City, State, Zip Code				
	ļ					
	ļ	Rockport, TX 78381-1478				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance Ag		GSM Insurors			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Γ	Amount of Contribution (\$)	
	03/26/2024	McWhorter, David	/		/ mount of echanzation (\$1,000.00
	00,20,20	Contributor address; City; State; Zip Code		ł		+- , •·· ····
	ļ	Longview, TX 75606-2869				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag		Gans & Smith Insurance		gency, Inc.	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	04/22/2024	Meserole, Gregory				\$250.00
		Contributor address; City; State; Zip Code		ł		•
	ļ					
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	genct	Watkins Insurance Grou	цр		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/09/2024	Montgomery, Karen				\$800.00
	ļ	Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78217-6217				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag	jenct	Whitaker Insurance Ass	soci	ates, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	04/09/2024	Morales, Peggy				\$100.00
	Contributor address; City; State; Zip Code		1			
	ļ					
		San Antonio, TX 78217-6217				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Agenct Whitaker Insurance Asso			SOC	ates, Inc.	

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 15/24 Rpt: 22/37	
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	· · ·)	7	Amount of Contribution (\$)	
ľ	04/08/2024	Nelson, Luke	/		, inclusion of optimization (,	\$25.00
	04/00/202 .	6 Contributor address; City; State: Zip Code				Ψ20.00
	ļ	6 Contributor address; City, State, Zip Code				
		1				
		Dallas, TX 75231-6458				
	Drincinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ال</u>		
Ű	Insurance Ag		Roach Howard Smith &		urton	
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/09/2024	Nelson, Luke	!			\$175.00
		Contributor address; City; State; Zip Code	1]		
			ł			
		Dallas, TX 75231-6458				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	jenct	Roach Howard Smith &	Ba	rton	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	04/18/2024	Newman, Clayton				\$25.00
	ļ			•		
		1				
		Dallas, TX 75240-1381				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	上 S)		
	Insurance Ag	,	Swingle, Collins & Asso		tes	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	04/23/2024	Nitsche, Julie	/		Allount of Contribution (4)	\$250.00
	04/23/2024					φ230.00
		Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	Giddings, TX 78942-3201				
┝	Drincinal occu		Employor (See Instructions			
		ipation / Job title (See Instructions)	Employer (See Instructions The Nitsche Group	5)		
	Insurance Ag			—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/12/2024	Nixon, Allison				\$500.00
	Contributor address; City; State; Zip Code		1			
	ļ					
	ļ					
		Fort Worth, TX 76107-8000				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)		
	Insurance Ag	genct	Roach Howard Smith &	ва	ırton	
\vdash			<u>.I</u>			

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 16/24 Rpt: 23/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n 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 (\$)	
	04/09/2024					\$250.00
	• • • • •	6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Paris, TX 75460-4883				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	E&O Advoca		Norment & Landers LP	''		
╞				I	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100 00
	04/09/2024	Nutt, Brad				\$100.00
		Contributor address; City; State; Zip Code				
		Paris, TX 75460-4883				
┝	Dringingl goog		Employer (See Instructions	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions Norment & Landers LP	5)		
	Insurance A			_		
	Date	—)		Amount of Contribution (\$)	
	04/22/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Waco, TX 76703-0298	1			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	genct	Bailey Insurance & Risk	M	anagement, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/09/2024	Pair, Karla				\$200.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78217-6217				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	genct	Whitaker Insurance Ass	oc	ates, Inc.	
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/11/2024	Parker, Dustin				\$250.00
	Contributor address; City; State; Zip Code					
		Grapevine, TX 76051-7529				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance Ag	genct	Box Insurance Agency			
\vdash						

	The Instru	The Instruction Guide explains how to complete this form.				
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593	
	Date 5 Full name of contributor Out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
1	03/26/2024)	ľ		\$50.00
	03/20/2024	Pearcy, Laura				Φ20.00
		6 Contributor address; City; State; Zip Code				
	Austin, TX 78759-7812					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	genct	Hertel Insurors Group, L	_LF)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	04/19/2024	Pearson, Sandra				\$5.00
		Contributor address; City; State; Zip Code				
		Rockport, TX 78381-1478				
	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		GSM Insurors	5)		
				_		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2024	Picton, David				\$50.00
		Contributor address; City; State; Zip Code		1		
		Rockport, TX 78381-1478				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	genct	GSM Insurors			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/18/2024	Pitts, Jared	/			\$2,000.00
	•	Contributor address; City; State; Zip Code		•		+_,
		Contributor address, City, State, Zip Code				
		Galveston, TX 77552-6767				
	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		Galveston Insurance As		ciates	
			Gaivesion insurance As		ciales	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/27/2024	Raper, Andy				\$250.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78761-5427				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	genct	Central Insurance Agen	cy,	Inc.	
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 18/24 Rpt: 25/37	
2 FILER NAME			3 Filer ID (Ethics Commission	on 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 (\$)	
03/27/2024	Raper, Scott			\$250.00
	6 Contributor address; City; State; Zip Code			-
	Austin, TX 78761-5427			
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		s)	
Insurance A	genct	Central Insurance Agen	icy, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	<u> </u>
04/19/2024	Ressman, Sheri			\$40.00
	Contributor address; City; State; Zip Code			
	Richardson, TX 75080-2784			
	upation / Job title (See Instructions)	Employer (See Instructions		
Insurance A	genct	Patterson & Associates	Insurance Agency	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/19/2024	Reyes, Roxanna			\$25.00
	Contributor address; City; State; Zip Code		1	
	Goliad, TX 77963-0353	1		
·	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Insurance A	genct	GSM Insurors		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
04/01/2024	Ross, Christy			\$2,500.00
	Contributor address; City; State; Zip Code			
	Car Appelo TV 76004 7710			
Dringing oog	San Angelo, TX 76904-7710		-\	
Insurance A	upation / Job title (See Instructions)	Employer (See Instructions C A Ross Insurance Age		
			-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	+
03/29/2024	Ross, Rebecca			\$300.00
	Contributor address; City; State; Zip Code			
	San Angelo, TX 76904			
Dringingl occu	-	Employer (See Instruction)	<u> </u>	
Insurance A	upation / Job title (See Instructions)	Employer (See Instructions C A Ross Insurance Age		
	genet	ency, LLC		
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,	The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 19/24 Rpt: 26/37
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Political Actio	on Committee Of The Independent Insurance Agen	nts Of Texas	00015593
	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	04/09/2024	4/09/2024 Sanchez, Sebastian		\$250.00
		6 Contributor address; City; State; Zip Code		
		Dallas, TX 75231-6458		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance Ag	genct	Roach Howard Smith &	Barton
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	04/19/2024	Scarborough, Lauren		\$25.00
		Contributor address; City; State; Zip Code		
		Richardson, TX 75080-2784		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag	Jenct	Patterson & Associates	Insurance Agency
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	04/22/2024	Schmidt, Julie		\$25.00
		Contributor address; City; State; Zip Code		1
		Carrollton, TX 75007-1007		
	•	pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag		Patterson & Associates	
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	04/01/2024	Sonnier, Jeremy		\$100.00
		Contributor address; City; State; Zip Code		
		Galveston, LA 77552-6767		
	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag		Galveston Insurance As	
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
		Spracklen, Julia		\$250.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75231-6458		
—	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
	Insurance Ag		Roach Howard Smith &	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/24 Rpt: 27/37 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 (\$) 04/19/2024 Springer, Ashley \$25.00 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#: 04/22/2024 \$100.00 Stager, Staci Contributor address; City; State; Zip Code Richardson, TX 75080 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Patterson & Associates Insurance Agency Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/09/2024 Starnes, Jennifer \$100.00 Contributor address; City; State; Zip Code San Antonio, TX 78217-6217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Whitaker Insurance Associates, Inc. Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/09/2024 \$250.00 Stover, Craig Contributor address; City; State; Zip Code Madisonville, TX 77864-0190 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Stover & Crouch Insurance Agency, Inc. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 \$250.00 Thomas, Dan Contributor address; City; State; Zip Code Allen, TX 75013-3351 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Patterson & Associates Insurance Agency

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 21/24 Rpt: 28/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		on Committee Of The Independent Insurance Age	ents Of Texas		00015593	
4	Date		#:)	+	Amount of Contribution (\$)	
	04/19/2024	Thompson, Lezli	<i>*</i> /	.		\$5.00
	04/10/2027					Ψ0.00
	ļ	6 Contributor address; City; State; Zip Code				
	1	Rockport, TX 78381-1478				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L IS)		
	Insurance Ag		GSM Insurors	,		
⊨				—	A second of Contribution (f)	
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	* 50.00
	03/27/2024	Thurman, Josh				\$50.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	1				
		Austin, TX 78759-7812				
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Insurance Agenct Hertel Insurors Group,					
Γ	Date	Full name of contributor out-of-state PAC (ID#	#:)	T	Amount of Contribution (\$)	
	04/23/2024	Trevino, Precious				\$5.00
	Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) Employer (See Instruction			··		
			ls)			
	Insurance Agenct GSM Insurors					
╞	Date	Full name of contributor out-of-state PAC (ID#		Т	Amount of Contribution (\$)	
	04/05/2024	Tucker, Brian	<i></i>		, and an e e e e e e e e e e e e e e e e e e	\$500.00
	04,00,202.			··-		4000100
		Contributor address; City; State; Zip Code				
	ļ	Fort Worth, TX 76107-8000				
┝	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Agenct Roach Howard Smith &			rton		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	04/08/2024	Turnage, Kelsey				\$100.00
	Contributor address; City; State; Zip Code]			
	Dallas, TX 75225-4007					
	Principal occupation / Job title (See Instructions) Employer (See Instruction		is)			
	Insurance Agenct Roach Howard Smith &			2 Ba	rton	
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Political Action Committee Of The Independent Insurance Agents Of Texas 00015593					
Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor on undefisible PAC (Data) 7 Amount of Contribution (\$) 04/09/2024 Ubricht, Preter 5 Contributor address; City; State; Zip Code 7 6 Ontributor address; City; State; Zip Code 9 Employer (See Instructions) 1 Amount of Contribution (\$) 1 Insurance Agenct 9 Employer (See Instructions) Amount of Contribution (\$) 04/19/2024 Vrana, Jackie 2 Contributor of address; City; State; Zip Code Amount of Contribution (\$) 04/19/2024 Vrana, Jackie State; Zip Code Amount of Contribution (\$) 9 Inncipal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 9 Inncipal occupation / Job title (See Instructions) Employer (See Instructions) State; Zip Code 04/19/2024 Full name of contributor out-of-state PAC (De; Amount of Contribution (\$) 04/19/2024 Full name of contributor out-of-state PAC (De; Amount of Contribution (\$) 04/19/2024 Full name of contributor patterson & Associates Insurance Agency Principal occupation / Job title (See Instructions) Insurance Agenct Patterson & Associates Insurance Agency	The Instru	ction Guide explains how to complete this f			
Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor on undefisible PAC (Data) 7 Amount of Contribution (\$) 04/09/2024 Ubricht, Preter 5 Contributor address; City; State; Zip Code 7 6 Ontributor address; City; State; Zip Code 9 Employer (See Instructions) 1 Amount of Contribution (\$) 1 Insurance Agenct 9 Employer (See Instructions) Amount of Contribution (\$) 04/19/2024 Vrana, Jackie 2 Contributor of address; City; State; Zip Code Amount of Contribution (\$) 04/19/2024 Vrana, Jackie State; Zip Code Amount of Contribution (\$) 9 Inncipal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) 9 Inncipal occupation / Job title (See Instructions) Employer (See Instructions) State; Zip Code 04/19/2024 Full name of contributor out-of-state PAC (De; Amount of Contribution (\$) 04/19/2024 Full name of contributor out-of-state PAC (De; Amount of Contribution (\$) 04/19/2024 Full name of contributor patterson & Associates Insurance Agency Principal occupation / Job title (See Instructions) Insurance Agenct Patterson & Associates Insurance Agency	2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
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6 Contributor address; City; State; 2ip Code Edna, TX 77957-0808 Edna, TX 77957-0808 8 Principal occupation / Job title (See Instructions) Insurance Agenct Amount of Contributor Date Full name of contributor oxed-state PAC (DB:) Q4/19/2024 Vrana, Jackle					\$500.00
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9 Frincipal occupation / Job title (See Instructions) Insurance Agenct 9 Employer (See Instructions) Assurance One of Texas, LLC Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/19/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/19/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$100.00 Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$100.00 04/19/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/24/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/24/2024 Full name of contributor <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
9 Frincipal occupation / Job title (See Instructions) Insurance Agenct 9 Employer (See Instructions) Assurance One of Texas, LLC Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/19/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/19/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$100.00 Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$100.00 04/19/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) \$25.00 Date Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/24/2024 Full name of contributor out-of-state PAC (Dor:) Amount of Contribution (S) \$25.00 04/24/2024 Full name of contributor <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
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Date Full name of contributor out-of-state PAC (DP:) Amount of Contribution (\$) 04/19/2024 Vrana, Jackie \$25.00 Contributor address; City; State; Zip Code S25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct GSM Insurors - Taylor Date Full name of contributor out-of-state PAC (IDP:) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) 04/19/2024 Full name of contributor out-of-state PAC (IDP:) O4/19/2024 Full name of contributor out-of-state PAC (IDP:) Nonunt of Contribution address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Out-of-state PAC (IDP:	8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
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Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) Insurance Agenct Date Valuer, Doris Ann Contributor address; City; State; Zip Code Richardson, TX 75080-2784 Principal occupation / Job title (See Instructions) Insurance Agenct Amount of Contributor address; City; State; Zip Code Richardson, TX 75080-2784 Principal occupation / Job title (See Instructions) Insurance Agenct Date Q4/24/2024 Walls, Sarah Richardson, TX 75080-2784 Employer (See Instructions) Insurance Agenct Date Q4/24/2024 Walls, Sarah Contributor address; City; State; Zip Code Richardson, TX 75080-2784 Principal occupation / Job title (See Instructions) Richardson, TX 75080-2784 Principal occupation / Job title (See Instructions) Richardson, TX 75080-2784 Principal occupation / Job title (See Instructions) Patterson & Associates Insurance Agency Date Q4/18/2024 Full	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
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Principal occupation / Job title (See Instructions) Insurance Agenct Employer (See Instructions) GSM Insurors - Taylor Date Full name of contributor out-of-state PAC (ID#:					
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Contributor address; City; State; Zip Code Richardson, TX 75080-2784 Principal occupation / Job title (See Instructions) Insurance Agenct Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Vebb, Lisa Contributor address; City; State; Zip Code Austin, TX 78768-4487 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Benployer (See Instructions) Contributor address; City; State; Zip Code Austin, TX 78768-4487 Principal occupation / Job title (See Instructions) Employer (See Instructions))		00
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agenct Patterson & Associates Insurance Agency Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/18/2024 Webb, Lisa					
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Insurance Agenct Patterson & Associates Insurance Agency Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/18/2024 Webb, Lisa \$250.00 Contributor address; City; State; Zip Code Austin, TX 78768-4487 \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Drincinal occu	· · · · · · · · · · · · · · · · · · ·	Employer (See Instructions	<u></u>	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/18/2024 Webb, Lisa \$250.00 Contributor address; City; State; Zip Code Austin, TX 78768-4487 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
04/18/2024 Webb, Lisa \$250.00 Contributor address; City; State; Zip Code Austin, TX 78768-4487 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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Austin, TX 78768-4487 Principal occupation / Job title (See Instructions) Employer (See Instructions)	U4/10/2U24			Φ	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin, TX 78768-4487			
	Principal occu		Employer (See Instructions	<u> </u>	
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	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 23/24 Rpt: 30/37	
2	FILER NAME				Filer ID (Ethics Commissio	on Filers)
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593	,
	Date)	7	Amount of Contribution (\$)	
	04/23/2024	Whisenant Jr., Bert				\$250.00
		6 Contributor address; City; State; Zip Code	,	·		
	ļ					
	ļ					
	ļ	McAllen, TX 78501-5739				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance Ag	genct	Bert Whisenant Insuran	nce		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/09/2024	Whitaker, Don				\$3,000.00
	1	Contributor address; City; State; Zip Code		"		
	ļ					
	ļ					
		San Antonio, TX 78217-6217				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Aç	jenct	Whitaker Insurance Ass	SOCI	ates, Inc.	
	Date Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	04/09/2024	Whitaker, Gary				\$900.00
	Contributor address; City; State; Zip Code			"		
	San Antonia TV 20217 6217					
	San Antonio, TX 78217-6217		Employer (See Instructions	<u>ി</u>		
	Principal occupation / Job title (See Instructions)Employer (See InstructionInsurance AgenctWhitaker Insurance As			ates, Inc.		
				<u></u>	Amount of Contribution (\$)	
	Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: Whitaker, Lana)		Amount of Contribution (\$)	\$1,000.00
	04/03/2024					Φ1,000.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	San Antonio, TX 78217-6217				
			Employer (See Instructions	s)		
	Insurance Agenct Whitaker Insurance As			ates, Inc.		
╞━	Date Full name of contributor out-of-state PAC (ID#:)		Т	Amount of Contribution (\$)		
	04/09/2024	Whitten, Will				\$250.00
	Contributor address; City; State; Zip Code		·			
		Fort Worth, TX 76107-8000				
	Principal occupation / Job title (See Instructions) Employer (See Instruction			s)		
	Insurance Agenct Roach Howard Smith &			Ba	rton	

MONEI	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 24/24 Rpt: 31/37	
2 FILER NAME Political Activ	ion Committee Of The Independent Insurance Agents	s Of Texas	3 Filer ID (Ethics Commission Filers) 00015593
4 Date 04/19/2024			7 Amount of Contribution (\$) \$25.00
8 Principal occu Insurance A		9 Employer (See Instructions GSM Insurors	s)
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$250.00
Principal occu	Dallas, TX 75231-6458 upation / Job title (See Instructions)	Employer (See Instructions	s)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages Schedule C3: Sch: 1/1 Rpt: 32/37
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 (\$)
	04/03/2024		Independent Insurance Agents of Texas		690.63

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: 33/37	
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 (\$)		
	04/25/2024		Independent Insurance Agents of Texas			1,162.9) 5

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 34/37 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name 04/02/2024 Gary VanDeaver Campaign 6 Amount (\$) Payee address; City; State; Zip Code 7 \$500.00 PO Box 866 Expenditure from New Boston, TX 75570 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 04/17/2024 Gina Hinojosa Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 PO Box 300095 Expenditure from Austin, TX 78703 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLITICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/23/2024 Giovanni Capriglione Campaign Amount (\$) Payee address; City: State; Zip Code \$500.00 P.O. Box 92007 Expenditure from corporate funds Southlake, TX 76092 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

04/23/2024

Expenditure from

corporate funds PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

\$1,000.00

Amount (\$)

1

6

8

9

Date

04/02/2024

Amount (\$)

Expenditure from

OF

EXPENDITURE

Complete ONLY if direct

corporate funds PURPOSE

4 Date

Contributions/ Donations Made By -

Sch: 2/4 Rpt: 35/37

5

7

\$250.00

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance 00015593 Payee name Janie Lopezs Campaign Payee address; City; State; Zip Code PO BOX 2073 San Benito, TX 78586 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Candidate/Officeholder name Office sought Office held Payee name Jarvis for Texas Campaign Payee address; City; State; Zip Code PO Box 16600 Houston, TX 77222 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OF	1
Date 04/23/2024	Payee name John Lujan for State Rep
Amount (\$) \$500.00	Payee address; City; State; Zip Code 20003 FM 1937
Expenditure from corporate funds	San Antonio, TX 78221
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 36/37 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name 04/17/2024 Justice Jane Bland Campaign Amount (\$) Payee address; City; State; Zip Code 6 \$1,000.00 1005 Congress Ave Suite 400 Expenditure from Austin, TX 78701 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 04/23/2024 Oscar Longoria Campaign Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 4224 Expenditure from Mission, TX 78572 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2024 Pete Flores Campaign Amount (\$) Payee address: City: State; Zip Code \$2,500.00 1005 Congress Suite 280 Expenditure from Austin, TX 78701 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLITICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 4/4 Rpt: 37/37	Political Action Committee Of The Independent Insurance	00015593					
4 Date	5 Payee name						
04/02/2024	Terry Wilson Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$500.00	PO Box 2302						
Expenditure from corporate funds	Georgetown, TX 78627						
8 PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense IL CONTRIBUTION					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
Date	Payee name						
04/17/2024	Texas House Democratic Campaign Committee						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,500.00	PO Box 300095						
Expenditure from corporate funds	Austin, TX 78703						
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense IL CONTRIBUTION					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
Date	Payee name						
04/02/2024	Will Metcalf Campaign						
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 454						
Expenditure from corporate funds	Conroe, TX 77305						
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense IL CONTRIBUTION					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					