



**MONTHLY FILING GPAC REPORT:  
PURPOSE AND TOTALS**

**FORM MPAC  
COVER SHEET PG 2**

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,723.81
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 16,173.96
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 870,607.76
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

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

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

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

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Cole Hefner State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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

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

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jared Patterson State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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

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

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Morgan LaMantia State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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

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

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rhetta Bowers State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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

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

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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jeff Barry State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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



# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Political Action Committee Of The Independent Insurance Agents Of Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00015593
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,795.00
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	\$ 871.33
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,057.48
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	\$ 16,173.96
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 10/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atkins, Hannah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79464-4790	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Heritage Risk Management, an Alera Group Agency
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, Aaron <hr/> Contributor address; City; State; Zip Code  Houston, TX 77244-1587	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Pathfinder/LL&D Insurance Group, LLC
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Cindy <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79105-1149	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Fairly Group
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barclay III, John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-6864	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) The John A. Barclay Agency, Inc
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beam, Eric <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464-4790	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Heritage Risk Management, an Alera Group Agency

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 11/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bosworth, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75711-6620	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Bosworth & Associates, Inc.
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Breor, Jeff <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-3839	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) IIA Dallas
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Vilma <hr/> Contributor address; City; State; Zip Code  Garland, TX 75044-6017	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Patterson & Associates Insurance Agency
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cosby, Quan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-5869	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Marsh & McLennan Agency
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crocker, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-3314	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Alliant Insurance Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 12/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farmilette, Desiree <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Pathfinder/LL&D Insurance Group, LLC
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fields, Joshua <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78551-1830	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) HUB International Insurance Services
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) French, Donna <hr/> Contributor address; City; State; Zip Code  Murphy, TX 75094-4292	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Patterson & Associates Insurance Agency
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Loretta <hr/> Contributor address; City; State; Zip Code  Rockport, TX 78381-1478	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors-Alpine
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Connie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-4487	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) E&O Advocate		Employer (See Instructions) Independent Insurance Agents of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 13/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Frances <hr/> <b>6</b> Contributor address; City; State; Zip Code  Stanton, TX 79782-0310	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Eiland & Associates, Inc.
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Jessica <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080-2784	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Patterson & Associates Insurance Agency
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klement, Greg <hr/> Contributor address; City; State; Zip Code  Prosper, TX 75078-0820	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) English Insurance Agency, Inc.
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lapp, Steven <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79105-1149	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Fairly Group
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Kier <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-4487	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Programs Manager

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 14/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Logan, Kaitlan	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77244-1587		
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Pathfinder/LL&D Insurance Group, LLC
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowrance, Jason	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Lubbock, TX 79464-4790		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Heritage Risk Management, an Alera Group Agency
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDavid, Patrick	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Rockport, TX 78381-1478		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) GSM Insurors
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morriss, William	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Texarkana, TX 75503-1605		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Offenhauser & Company
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Larry	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Hillsboro, TX 76645-0406		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hill County Insurance Agency

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 15/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Ben <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080-2784	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Patterson & Associates Insurance Agency
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peters, Marit <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-4487	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) President & Executive Director		Employer (See Instructions) Independent Insurance Agents of Texas
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Scott <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464-4790	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) E&O Advocate		Employer (See Instructions) Heritage Risk Management, an Alera Group Agency
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rapier, Margaret <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240-1381	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyna, Denita <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79101	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 16/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77244-1587	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Pathfinder/LL&D Insurance Group, LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Felicia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768-4487	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Education Manager		Employer (See Instructions) Independent Insurance Agents of Texas
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stager, Angela <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080-2784	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Patterson & Associates Insurance Agency
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Devin <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759-7478	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) INSURICA
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stroman, Mike <hr/> Contributor address; City; State; Zip Code  Houston, TX 77036-2801	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) ABLB, LLC



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 17/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sumners, MaryPeyton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768-4487	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) E&O Advocate		<b>9</b> Employer (See Instructions) Independent Insurance Agents of Texas
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tatum, Diannah <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464-4790	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Heritage Risk Management, an Alera Group Agency
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tatum, Michael <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464-4790	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Heritage Risk Management, an Alera Group Agency
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomack, Rhonda <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79464-4790	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Heritage Risk Management, an Alera Group Agency
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Carleigh <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080-2784	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Patterson & Associates Insurance Agency

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 18/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villanueva, Adolfo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78541-7162	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) US Insurance Services, Inc.
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villanueva, Ramona <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541-7162	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) US Insurance Services, Inc.
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watkins, Rodney <hr/> Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) IAAT
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Scott <hr/> Contributor address; City; State; Zip Code  Houston, LA 77244-1587	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Pathfinder/LL&D Insurance Group, LLC
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winkelmann, Jennifer <hr/> Contributor address; City; State; Zip Code  Hillsboro, TX 76645-0406	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hill County Insurance Agency

**MONETARY SUPPORT FROM CORPORATION OR  
LABOR ORGANIZATION**

**SCHEDULE C3**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 19/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/03/2024	<b>5</b> Corporation / Labor Organization name Independent Insurance Agents of TX	<b>6</b> Amount (\$) 871.33

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 20/27
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/25/2024	<b>5</b> Corporation / Labor Organization name Independent Insurance Agents of Texas	<b>6</b> Amount (\$) 1,057.48

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 21/27	<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/07/2024	<b>5</b> Payee name Armando Walle Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4101 WashingtIn Ave,  Houstin, TX 77007	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/07/2024	Payee name Caroline Fairly for Texas	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 20445  Amarillo, TX 79144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 05/07/2024	Payee name Caroline Harris for State Rep	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 700  Round Rock, TX 78680	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 22/27	<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00015593
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<b>4</b> Date 04/30/2024	<b>5</b> Payee name Cole Hefner Campaign
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 167  Mount Pleasant, TX 75456
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/21/2024	Payee name Drew Darby Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 3284  San Angelo, TX 76902
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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 05/15/2024	Payee name James Frank Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 64010  Lubbock, TX 79464
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 23/27	<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 04/30/2024	<b>5</b> Payee name Jared Patterson Campaign	
<b>6</b> Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 5419  Frisco, TX 75035	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/07/2024	Payee name Legislative Solutions	
Amount (\$) \$295.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 5643  Austin, TX 78763	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/07/2024	Payee name Legislative Solutions	
Amount (\$) \$295.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 5643  Austin, TX 78763	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Expenses
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.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 24/27	<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00015593
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<b>4</b> Date 04/30/2024	<b>5</b> Payee name Mike Schofield Campaign
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 934 Hidden Canyon Road  Katy, TX 77450
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2024	Payee name Morgan LaMantia for State Senate
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 East Madison  Brownsville, TX 78520
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 05/07/2024	Payee name Nathan Johnson Campaign
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 670994  Dallas, TX 75367
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 25/27	<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00015593
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<b>4</b> Date 05/21/2024	<b>5</b> Payee name Penny Shaw Campaign
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<b>6</b> Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 925991  Houston, TX 77292
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2024	Payee name Rafael Anchia Campaign
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Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 4468  Dallas, TX 75208
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 05/15/2024	Payee name Rhetta Bowers Campaign
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Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3526 Lakeview Parkway Suite B-211  Rowlett, TX 75088
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 26/27	<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00015593
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<b>4</b> Date 05/07/2024	<b>5</b> Payee name Sarah Eckhardt Campaign
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 301586  Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/30/2024	Payee name Texans for Charles Schwertner
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2448  Georgetown, TX 78627
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 04/30/2024	Payee name Texans for Kelly Hancock
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 821349  North Richard Hills, TX 76182
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 27/27	<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance	<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 05/07/2024	<b>5</b> Payee name The Austin Club	
<b>6</b> Amount (\$) \$83.96  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 110 East 9th Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held