MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015593	2 Total pages filed: 27
3	COMMITTEE NAME			OFFICE USE ONLY
	Political Action Cor	nmittee Of The Independent Insurance Ag	ents Of Texas	Date Received
				ELECTRONICALLY FILED
				06/05/2024
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	SUFI	
		Ellmer		Date Imaged
6		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	STATE; ZIP CODE
	TREASURER STREET	1115 San Jacinto Blvd, Suite 100		
	ADDRESS (Residence or Business)			
		Austin, TX 78701		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER MAILING	1115 San Jacinto Blvd, Suite 100		
	ADDRESS			
	Change of Address	Austin, TX 78701		
8		AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(512) 493-2454		
Ļ	REPORT TYPE			
ľ	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
	MONTHLY			
-``	REPORT FILING	January 5 April	5 July 5	October 5
	DEADLINE	February 5 May	5 August 5	November 5
		March 5 X June	5 September 5	December 5
11	. PERIOD	Month Day Year	Mont	h Day Year
	COVERED	04/26/2024	05/2	5/2024
		GO 1	TO PAGE 2	
L Fo	rms provided by Tex	as Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.d378aba0

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	tee Of The Independen	t Insurance Agents Of Texas	00015593				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rafael Anchia State Represe	ntative				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00			
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,723.81			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	DAY \$	870,607.76				
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT	•		•				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.					
		Mr. Rega	n M. Ellmer				
		Signature of Ca	mpaign Treasu	rer			
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	er administering oath			
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0			

FORM MPAC

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12 COMMITTEE NAME Political Action Committee	Of The Independent	Insurance Aq	ents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Armando Walle State Represen			
(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	upported Caroline Fairly 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Caroline Harris Davila State Re	presentative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		-				

FORM MPAC

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						9
12 COMMITTEE NAME Political Action Committee	Of The Independent		ents Of Teyas	1	13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner State	e Representative	9	
(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	A. Supported	Drew Darby State	e 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		James Frank Stat	e 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.)					

FORM MPAC

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12 COMMITTEE NAME Political Action Committee	Of The Independent	Insurance Ag	ents Of Texas		13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jared Patterson	State Represer	I htative	
(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.)		Kelly Hancock S	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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mike Schofield	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM MPAC

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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.)	A. Supported	Morgan LaMantia State Senato	r	
(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.)				
	1. Candidates	A. Supported	Nathan Johnson State Senator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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	1. Candidates	A. Supported	Penny Morales Shaw State Re	presentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		,		
(Attach lists on plain		B. Opposed			
paper to complete this report if necessary.)					
	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.)				

MONTHLY FI	LING GPAC R	REPORT:	PURPOSE		FORM MPAC
				1	Page 7 of 27
12 COMMITTEE NAME Political Action Committe	e Of The Independent	t Insurance Ag	ents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rhetta Bowers Stat	e 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sarah Echhardt Sta	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.)		Charles Schwertner	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.)				

FORM MPAC ADDENDUM

					Page 8 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committee	-	Insurance Ag	ents Of Texas	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jeff Barry 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Trey Wharton State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM MPAC
COVER SHEET PG 3

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47.0014			
	IITTEE NAME al Action Committee Of The Independent Insurance Agents Of Texas	(Ethics Commission Filers)	
	DULE SUBTOTALS	SUBTOTAL AMOUNT	
NAME	OF SCHEDULE		
1. [X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,795.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5. [SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 871.33
7. [SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 1,057.48
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 16,173.96
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/9 Rpt: 10/27	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	05/22/2024	Atkins, Hannah		\$25.00
		6 Contributor address; City; State; Zip Code		4
		Lubbock, TX 79464-4790		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Insurance A	genct	Heritage Risk Managem	nent, an Alera Group Agency
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
	05/10/2024	Avila, Aaron		\$20.00
		Contributor address; City; State; Zip Code		4
		Houston, TX 77244-1587		
	Principal occupation / Job title (See Instructions) Employer (See			s)
	Insurance A	genct	Pathfinder/LL&D Insura	nce Group, LLC
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
	05/02/2024	Baker, Cindy		\$20.00
		Contributor address; City; State; Zip Code		4
		Amarillo, TX 79105-1149		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Insurance A	genct	Fairly Group	
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	05/14/2024	Barclay III, John		\$50.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78757-6864		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	genct	The John A. Barclay Ag	jency, Inc
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	05/25/2024	Beam, Eric		\$100.00
		Contributor address; City; State; Zip Code		
		Lubbock, TX 79464-4790		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A	genct	Heritage Risk Manager	nent, an Alera Group Agency

	The Instru	ction Guide explains how to com	1	Total pages Schedule A1: Sch: 2/9 Rpt: 11/27				
2	2 FILER NAME					Filer ID (Ethics Commissio	on Filers)	
	Political Action Committee Of The Independent Insurance Agents Of Texas					00015593	,	
4	Date	5 Full name of contributor)	7	Amount of Contribution (\$)			
	05/05/2024	Bosworth, Michael		/			\$1,000.00	
			ode					
			000					
		Tyler, TX 75711-6620						
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)			
	Insurance A	genct		Bosworth & Associates,	Ind	<u>).</u>		
	Date	Full name of contributor	-state PAC (ID#:)	Γ	Amount of Contribution (\$)		
	05/16/2024	Breor, Jeff					\$150.00	
		Contributor address; City; State; Zip C						
			040					
		Dallas, TX 75243-3839						
	Principal occupation / Job title (See Instructions) Employer (See Instructions				5)			
	Insurance A	genct		IIA Dallas				
	Date	Full name of contributor out-of-	-state PAC (ID#:)		Amount of Contribution (\$)		
	04/29/2024	Carter, Vilma			\$20			
		Contributor address; City; State; Zip C						
		Garland, TX 75044-6017						
	-	pation / Job title (See Instructions)		Employer (See Instructions				
	Insurance A	genct		Patterson & Associates	Ins	urance Agency		
	Date	Full name of contributor 🛛 out-of-	-state PAC (ID#:)		Amount of Contribution (\$)		
	05/14/2024	Cosby, Quan					\$100.00	
		Contributor address; City; State; Zip C	ode					
		Austin, TX 78746-5869			Ĺ			
	•	pation / Job title (See Instructions)		Employer (See Instructions	·			
	Insurance A			Marsh & McLennan Age	enc	у		
	Date	—	-state PAC (ID#:)		Amount of Contribution (\$)		
05/02/2024 Crocker, William					\$500.00			
	Contributor address; City; State; Zip Code							
		Austin TX 70746 2214						
┡	Dringing	Austin, TX 78746-3314		Employer (One lastrust)				
		pation / Job title (See Instructions)		Employer (See Instructions				
┡	Insurance Ag	JEIICI		Alliant Insurance Service	65			

The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 3/9 Rpt: 12/27	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Political Acti	on Committee Of The Independent Insuranc	ce Agents	of Texas		00015593	
4	Date	5 Full name of contributor Out-of-state F	PAC (ID#)	7	Amount of Contribution (\$)	
	05/14/2024	Farmilette, Desiree		/	ľ	(1)	\$50.00
		6 Contributor address; City; State; Zip Code					+00100
		Contributor address, City, State, Zip Code					
		San Antonio, TX 78257					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> ເ)		
ľ	Insurance Ag			Pathfinder/LL&D Insural		e Group, LLC	
					<u> </u>		
	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	# 4 000 00
	05/09/2024	Fields, Joshua					\$1,000.00
		Contributor address; City; State; Zip Code					
		Harlingen, TX 78551-1830					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance A	genct		HUB International Insura	and	e Services	
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	05/08/2024	French, Donna					\$25.00
		Contributor address; City; State; Zip Code			1		
		Murphy, TX 75094-4292					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	genct		Patterson & Associates	Ins	urance Agency	
F	Date	Full name of contributor out-of-state F	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/15/2024	Garcia, Loretta					\$50.00
		Contributor address; City; State; Zip Code					
		Rockport, TX 78381-1478					
	Principal occupation / Job title (See Instructions) Employer (See Instruction		<u> </u>				
		GSM Insurors-Alpine	<i>`</i>				
╞	Date					Amount of Contribution (P)	
	05/23/2024	Full name of contributor out-of-state F Gomez, Connie	PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	03/23/2024						φ30.00
		Contributor address; City; State; Zip Code					
		Auctin TX 20260 4402					
⊢	Daimeirent	Austin, TX 78768-4487					
		pation / Job title (See Instructions)		Employer (See Instructions		ante of Towar	
	E&O Advocate Independent Insurance				Ag	ents of Texas	

	The Instrue	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 4/9 Rpt: 13/27		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Action	on Committee Of The Independent Insurance Agen	ts Of Texas		00015593	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/29/2024	Hernandez, Frances				\$250.00
		6 Contributor address; City; State; Zip Code				
		Stanton, TX 79782-0310				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance Ag		Eiland & Associates, Inc			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	05/23/2024	Jones, Jessica)			\$25.00
	00/20/2024					Q20.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75080-2784				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Insurance Ag		Patterson & Associates		urance Agency	
	Date			Т	Amount of Contribution (\$)	
	05/10/2024	Full name of contributor out-of-state PAC (ID#: Klement, Greg)			\$250.00
	05/10/2024	-				φ230.00
		Contributor address; City; State; Zip Code				
		Prosper, TX 75078-0820				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Insurance Ag		English Insurance Agen		Inc.	
⊨				- <i>.</i> ,,		
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	05/02/2024	Lapp, Steven				φ250.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79105-1149				
<u> </u>			Employer (See Instructions	<u> </u>		
		Fairly Group	3)			
				<u> </u>		
	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	#F 00
	04/30/2024	Lewis, Kier				\$5.00
		Contributor address; City; State; Zip Code				
		Austin TX 70760 4407				
⊢	Deinstrad	Austin, TX 78768-4487				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Insurance Agenct Programs Manager					

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 5/9 Rpt: 14/27	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	05/08/2024 Logan, Kaitlan			\$25.0
	• • • • • •	6 Contributor address; City; State; Zip Code	·	
		Houston, TX 77244-1587		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance A	genct	Pathfinder/LL&D Insural	ance Group, LLC
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/22/2024	Lowrance, Jason		\$30.0
		Contributor address; City; State; Zip Code		
		Lubbock, TX 79464-4790		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ls)
	Insurance A	genct	Heritage Risk Managem	nent, an Alera Group Agency
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/01/2024	McDavid, Patrick	\$500.0	
		Rockport, TX 78381-1478		
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A	genct	GSM Insurors	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/07/2024	Morriss, William	\$250.0	
		Contributor address; City; State; Zip Code		
	Texarkana, TX 75503-1605		1	
	Principal occupation / Job title (See Instructions)		Employer (See Instructions	
	Insurance A	genct	Offenhauser & Compan	лу
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	05/21/2024	Nelson, Larry		\$20.0
		Contributor address; City; State; Zip Code		
		Hillsboro, TX 76645-0406	1	
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	genct	Hill County Insurance A	Agency

1 Total pages Schedule A1: Sch: 6/9 Rpt: 15/27 3 Filer ID (Ethics Commission Filers) 00015593) 7 Amount of Contribution (\$) \$5,000.00
00015593) 7 Amount of Contribution (\$)
00015593) 7 Amount of Contribution (\$)
\$5,000.00
See Instructions)
& Associates Insurance Agency
) Amount of Contribution (\$)
\$2,500.00
See Instructions)
ent Insurance Agents of Texas
) Amount of Contribution (\$) \$100.00
Φ100.00
See Instructions)
isk Management, an Alera Group Agency
) Amount of Contribution (\$)
\$20.00
See Instructions)
Collins & Associates
) Amount of Contribution (\$)
\$25.00
See Instructions)

Tł	he Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 7/9 Rpt: 16/27		
2 FII	2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Political Action Committee Of The Independent Insurance Agents Of Texas			00015593	
4 Da	ate	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05	05/15/2024 Roberts, Nancy				\$50.00
	6 Contributor address; City; State; Zip Code				T -
	ļ				
	ļ	1			
	ļ	Houston, TX 77244-1587			
8 Pri	incipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Ins	isurance Ag	genct	Pathfinder/LL&D Insurar	nce Group, LLC	
Da	ate	Full name of contributor out-of-state PAC (ID#:_	I)	Amount of Contribution (\$)	
	5/10/2024	Rodriguez, Felicia			\$15.00
	1	Contributor address; City; State; Zip Code		4	
	ļ				
	ļ	1			
	ļ	Austin, TX 78768-4487			
Pri	incipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Ed	ducation M	anager	Independent Insurance	Agents of Texas	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05	5/08/2024	Stager, Angela			\$20.00
	ļ			•	
	ļ				
	ļ	1			
	ļ	Richardson, TX 75080-2784			
Pri	incipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Ins	isurance Aç	jenct	Patterson & Associates	Insurance Agency	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05	5/13/2024	Stewart, Devin		\$	\$250.00
	ļ	Contributor address; City; State; Zip Code	,	1	
	ļ	1			
	ļ	1			
		Austin, TX 78759-7478			
		upation / Job title (See Instructions)	Employer (See Instructions	s)	
Ins	surance Ag	Jenct	INSURICA		
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05	5/02/2024	Stroman, Mike		\$	\$250.00
	1	Contributor address; City; State; Zip Code		1	
	ļ	1			
	ļ	1			
		Houston, TX 77036-2801			
Pri	incipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Ins	isurance Ag	yenct	ABLB, LLC		
			·		
i					

	The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 8/9 Rpt: 17/27	
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Political Action	on Committee Of The Independent Insurance Agen	its Of Texas	00015593
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/22/2024 Sumners, MaryPeyton			\$25.00
				4
		Austin, TX 78768-4487		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	E&O Advoca	ite	Independent Insurance	Agents of Texas
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/21/2024	Tatum, Diannah		\$1,000.00
		Contributor address; City; State; Zip Code		1
		Lubbock, TX 79464-4790		
Γ		pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag	jenct	Heritage Risk Managem	nent, an Alera Group Agency
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/21/2024	Tatum, Michael		\$1,000.00
		Contributor address; City; State; Zip Code		1
		Lubbock, TX 79464-4790	1	
		pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag			nent, an Alera Group Agency
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/22/2024	Thomack, Rhonda		\$250.00
		Contributor address; City; State; Zip Code]
		Lubback TV 70464 4700		
	Drinsipal agou	Lubbock, TX 79464-4790		-
			Employer (See Instructions	s) nent, an Alera Group Agency
				· · ·
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/20/2024	Torres, Carleigh		\$25.00
		Contributor address; City; State; Zip Code		
		Disbardson TV 75090-2784		
\vdash	Dringingl oppu	Richardson, TX 75080-2784		
	Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions Patterson & Associates	
	ΙΠουιαπός Αί		rallerson & Associates	

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 9/9 Rpt: 18/27	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas	00015593
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	05/15/2024	Villanueva, Adolfo		\$250.00
	6 Contributor address; City; State; Zip Code			
		Edinburg, TX 78541-7162		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Insurance Ag		US Insurance Services,	
╞				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/15/2024	Villanueva, Ramona		\$250.00
		Contributor address; City; State; Zip Code		
		Edinburg, TX 78541-7162	· · · · · · · · · · · · · · · · · · ·	
		pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	genct	US Insurance Services,	Inc.
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/09/2024	Watkins, Rodney	\$2,500.00	
		Contributor address; City; State; Zip Code		
		Mineola, TX 75773		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Insurance A	genct	IAAT	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/13/2024	West, Scott	\$2,500.00	
		Contributor address; City; State; Zip Code		
		Continuation address, City, State, Zip Code		
		Houston, LA 77244-1587		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
			Pathfinder/LL&D Insural	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/23/2024	Winkelmann, Jennifer		\$20.00
		Contributor address; City; State; Zip Code		
		Hillsboro, TX 76645-0406		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Agenct Hill County Insurance A			gency

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 1/1 Rp		
2	PILER 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 (\$)		
	05/03/2024		Independent Insurance Agents of TX			871.	.33

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		
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Political Action Committee Of The Independent Insurance Agents Of Texas			00015593			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	05/25/2024		Independent Insurance Agents of Texas			1,0	057.48

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food//Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/7 Rpt: 21/27	Political Action Committee Of The Independent Insurance 00015593						
4 Date	5 Payee name						
05/07/2024	Armando Walle Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$500.00	\$500.00 4101 Washingtin Ave,						
Expenditure from corporate funds	Houstin, TX 77007						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee						
	POLTICAL CONTRIBUTION						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
05/07/2024	Caroline Fairly for Texas						
Amount (\$)	Payee address; City; State; Zip Code						
.,							
\$1,000.00	PO Box 20445						
Expenditure from corporate funds	Amarillo, TX 79144						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	Contributions/Donations Made By						
EXPENDITURE	Candidate/Officeholder/Political Committee						
	POLTICAL CONTRIBUTION						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
05/07/2024	Caroline Harris for State Rep						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	PO Box 700						
φουυ.υυ							
Expenditure from corporate funds	Round Rock, TX 78680						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Contributions/Donations Made By						
EXPENDITURE	Candidate/Officeholder/Political Committee						
	POLTICAL CONTRIBUTION						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/7 Rpt: 22/27	Political Action Committee Of The Independent Insurance 00015593					
4 Date	5 Payee name					
04/30/2024	Cole Hefner Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	PO Box 167					
Expenditure from corporate funds	Mount Pleasant, TX 75456					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee Delta Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION					
	POLITICAL CONTRIBUTION					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/21/2024	Drew Darby Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 3284					
Expenditure from corporate funds	San Angelo, TX 76902					
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/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/15/2024	James Frank Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 64010					
Expenditure from corporate funds	Lubbock, TX 79464					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

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

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

04/30/2024

Expenditure from

corporate funds PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

\$2,500.00

Amount (\$)

1

6

8

9

Date

05/13/2024

Amount (\$)

Expenditure from

corporate funds PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

4 Date

Contributions/ Donations Made By -

Sch: 4/7 Rpt: 24/27

5

7

\$500.00

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 Gift/Awards/Memorials Expense Travel Out of District 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 Mike Schofield Campaign Payee address; City; State; Zip Code 934 Hidden Canyon Road Katy, TX 77450 (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 Morgan LaMantia for State Senate Payee address; City; State; Zip Code 1324 East Madison Brownsville, TX 78520 (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

Date 05/07/2024	Payee name Nathan Johnson Campaign		
Amount (\$) \$1,500.00	Payee address; City; PO Box 670994	State; Zip Co	de
Expenditure from corporate funds	Dallas, TX 75367		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donations Made Candidate/Officeholder/Politica	By	(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/OI	Candidate/Officeholder name H	Office sou	ght Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		bense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 5/7 Rpt: 25/27	Political Action Committee Of The Independent Insurance	00015593		
4 Date	5 Payee name	l		
05/21/2024	Penny Shaw Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	PO Box 925991			
Expenditure from corporate funds	Houston, TX 77292			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.		
		if Austin, TX, officeholder living expense CAL CONTRIBUTION		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held		
Date	Payee name			
05/15/2024	Rafael Anchia Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 4468			
Expenditure from corporate funds	Dallas, TX 75208			
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense CAL CONTRIBUTION		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
05/15/2024	Rhetta Bowers Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	3526 Lakeview Parkway Suite B-211			
Expenditure from corporate funds	Rowlett, TX 75088			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripting	ion if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee	if Austin, TX, officeholder living expense CAL CONTRIBUTION		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/7 Rpt: 26/27	Political Action Committee Of The Independent Insurance 00015593				
4 Date	5 Payee name				
05/07/2024	Sarah Eckhardt Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 301586				
Expenditure from corporate funds	Austin, TX 78703				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	POLTICAL CONTRIBUTION				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
04/30/2024	Texans for Charles Schwertner				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	PO Box 2448				
\$2,000.00					
Expenditure from corporate funds	Georgetown, TX 78627				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	POLTICAL CONTRIBUTION				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Data	Deves serve				
Date 04/30/2024	Payee name				
	Texans for Kelly Hancock				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	PO Box 821349				
Expenditure from corporate funds	North Richard Hills, TX 76182				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	POLITICAL CONTRIBUTION				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Cabadula 51	
1 Total pages Schedule F1: Sch: 7/7 Rpt: 27/27	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance 00015593
4 Date 05/07/2024	5 Payee name The Austin Club
6 Amount (\$) \$83.96	7 Payee address; City; State; Zip Code 110 East 9th Street
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held