MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	1 Filer ID (Ethics Commission Filers) 00015593	2 Total pages filed: 9
3 COMMITTEE NAM	Ε	OFFICE USE ONLY
Political Action C	ommittee Of The Independent Insurance Agents Of Texas	
		Date Received
		ELECTRONICALLY FILED
		08/02/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP	
ADDRESS	P.O. Box 684487	
Change of Addre	^{ss} Austin, TX 78768	
5 CAMPAIGN	MS / MRS / MR FIRST MI	Date Hand-delivered or Date Postmarked
TREASURER		Descript //
NAME	Mr. Regan M.	Receipt # Amount
	NICKNAME LAST SUFFIX	Date Processed
	Ellmer	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; ST	ATE; 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; ST	ATE; ZIP CODE
TREASURER MAILING	1115 San Jacinto Blvd, Suite 100	
ADDRESS		
Change of Addre	ss Austin, TX 78701	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(512) 493-2454	
9 REPORT TYPE	X Monthly	Dissolution (Attach PAC-DR)
	treasurer termination	
10 MONTHLY		
REPORT FILING	January 5 April 5 July 5	October 5
DEADLINE	February 5 May 5 X August 5	November 5
	March 5 June 5 September 5	December 5
11 PERIOD COVERED	Month Day Year Month	Day Year
COVERED	06/26/2024 07/25/2	2024
	•	
	GO TO PAGE 2	
Eorms provided by T	exas Ethics Commission www.ethics.state.tx.us	Version V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (E	thics 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 Briscoe Cain 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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,519.13
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	972,787.58
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	
			mpaign Treasurer	
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 officer ad	dministering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us	Ve	ersion V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

						Page 3 of 9
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance Ag	ents Of Texas		00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Martinez F	ischer 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Howard	State Represen	tative	
(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

4 of 9

17 COMMITTE Political A	E NAME ction Committee Of The Independent Insurance Agents Of Texas	18 Filer ID 00015593	(Ethics Commission Filers)
19 SCHEDUL	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16,210.00
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 CORPORALABOR ORGANIZATION	ATION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 1,948.77
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 360.36
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 1,500.00
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 CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 1/2 Rpt: 5/9 2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas 3 File ID (Ethics Commission Filers 00015593 4 Date 06/27/2024 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of Contribution (S) 6 Contributor address; City: State; Zip Code 7 Amount of Contribution (S) \$500 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Amount of Contribution (S) 07/24/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (S) 07/24/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (S) 07/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (S) 07/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (S) 07/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (S) 07/02/2024 Full name of contributor out-of-state PAC (ID#
Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 06/27/2024 5 Full name of contributor Bishop, Charles out-of-state PAC (ID#:) Bishop, Charles 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$500 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Amount of Contribution (\$) \$100 Date 07/24/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100 07/24/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Clients First Insurance Group, LLC Amount of Contribution (\$) \$250 Date 07/02/2024 Full name of contributor out-of-state PAC (ID#:
Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 06/27/2024 5 Full name of contributor Bishop, Charles out-of-state PAC (ID#:) Bishop, Charles 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$500 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Amount of Contribution (\$) \$100 Date 07/24/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100 07/24/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Clients First Insurance Group, LLC Amount of Contribution (\$) \$250 Date 07/02/2024 Full name of contributor out-of-state PAC (ID#:
4 Date 06/27/2024 5 Full name of contributor out-of-state PAC (D#:) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$500 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Amount of Contribution (\$) \$100 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$100 07/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$100 07/24/2024 Gilmer, TX 75644-1450 Employer (See Instructions) Insurance Agent Employer (See Instructions) Clients First Insurance Group, LLC Amount of Contribution (\$) \$250 07/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$250 07/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$250 07/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$250 07/102/2024 Full name of contributor out-of-state PAC (ID#:
06/27/2024 Bishop, Charles \$500 6 Contributor address; City; State; Zip Code \$500 6 Carrollton, TX 75007-1960 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (D#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Clients First Insurance Group, LLC Mount of Contributor (\$) Contributor address; City; State; Zip Code Date Full name of contributor out-of-state PAC (D#: Amount of Contribution (\$) Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (D#:
6 Contributor address; City; State; Zip Code Carrollton, TX 75007-1960 9 8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (ID#:
Carrollton, TX 75007-1960 Principal occupation / Job title (See Instructions) Insurance Agent PEmployer (See Instructions) Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Dodd, Joseph 07/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S100 07/24/2024 Gilmer, TX 75644-1450 Employer (See Instructions) Contributor address; City; State; Zip Code Employer (See Instructions) Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) Contributor address; City; State; Zip Code Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S250 07/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S250 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) HUB International Insurance Services Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Dodd, Joseph \$100 07/24/2024 Fouributor address; City; State; Zip Code
8 Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Dodd, Joseph \$100 07/24/2024 Fouributor address; City; State; Zip Code
Insurance Agent Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/24/2024 Dodd, Joseph
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/24/2024 Dodd, Joseph \$100 07/24/2024 Dodd, Joseph \$100 Contributor address; City; State; Zip Code \$100 Gilmer, TX 75644-1450 Employer (See Instructions) Insurance Agent Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) 07/02/2024 Full name of contributor out-of-state PAC (ID#:) 07/02/2024 Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) O7/10/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$15,000
07/24/2024 Dodd, Joseph \$100 Contributor address; City; State; Zip Code \$100 Gilmer, TX 75644-1450 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) 07/02/2024 Graham, Chris \$250 Contributor address; City; State; Zip Code Amount of Contribution (\$) McAllen, TX 78501-9556 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor
07/24/2024 Dodd, Joseph \$100 Contributor address; City; State; Zip Code \$100 Gilmer, TX 75644-1450 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) 07/02/2024 Graham, Chris \$250 Contributor address; City; State; Zip Code Amount of Contribution (\$) McAllen, TX 78501-9556 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor
Contributor address; City; State; Zip Code Gilmer, TX 75644-1450 Principal occupation / Job title (See Instructions) Insurance Agent Date Full name of contributor OT/02/2024 Graham, Chris Contributor address; City; State; Zip Code McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Insurance Agent Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Insurance Agent Amount of Contribution (\$) Gill name of contributor Out-of-state PAC (ID#:
Gilmer, TX 75644-1450 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) Graham, Chris Amount of Contribution (\$) \$250 07/02/2024 Graham, Chris \$250 McAllen, TX 78501-9556 McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Henry, Bill Amount of Contribution (\$) \$15,000
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) 07/02/2024 Graham, Chris \$250 Contributor address; City; State; Zip Code McAllen, TX 78501-9556 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$250 Insurance Agent McAllen, TX 78501-9556 Employer (See Instructions) Insurance Agent Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Henry, Bill \$15,000
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) 07/02/2024 Graham, Chris \$250 Contributor address; City; State; Zip Code McAllen, TX 78501-9556 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$250 Insurance Agent McAllen, TX 78501-9556 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Insurance Agent HUB International Insurance Services Mount of Contribution (\$) \$15,000
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) 07/02/2024 Graham, Chris Contributor address; City; State; Zip Code Amount of Contribution (\$) McAllen, TX 78501-9556 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$15,000
Insurance Agent Clients First Insurance Group, LLC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/02/2024 Graham, Chris
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/02/2024 Graham, Chris \$250 Contributor address; City; State; Zip Code McAllen, TX 78501-9556 \$260 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Insurance Agent Out-of-state PAC (ID#:) Amount of Contribution (\$) \$15,000
07/02/2024 Graham, Chris \$250 Contributor address; City; State; Zip Code \$250 McAllen, TX 78501-9556 McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$15,000
Contributor address; City; State; Zip Code McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Henry, Bill 07/10/2024 Henry, Bill
McAllen, TX 78501-9556 Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) 07/10/2024 Amount of Contribution (\$) \$15,000
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) 07/10/2024 Henry, Bill \$15,000
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) 07/10/2024 Henry, Bill \$15,000
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) 07/10/2024 Henry, Bill \$15,000
Insurance Agent HUB International Insurance Services Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Henry, Bill \$15,000
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Henry, Bill \$15,000
07/10/2024 Henry, Bill \$15,000
Contributor address; City; State; Zip Code
Dallas, TX 75231-4388
Principal occupation / Job title (See Instructions)Employer (See Instructions)Insurance AgentMarsh & McLennan Agency
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
07/02/2024 Holder, Charles \$50
Contributor address; City; State; Zip Code
Denison, TX 75020-3209
Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/9
2 FILER NAME Political Act	ion Committee Of The Independent Insurance Agents	3 Filer ID (Ethics Commission Filers) 00015593	
4 Date 07/22/2024	 5 Full name of contributor out-of-state PAC (ID#: Nelson, Linden 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$250.00
8 Principal occu Insurance A		 9 Employer (See Instructions Swingle, Collins & Asso 	
Date 06/27/2024	Full name of contributor out-of-state PAC (ID#: Shanks, Cassie Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$60.00
Principal occu	San Antonio, TX 78231-1252 upation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance A		jency, LLC	

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 1/1 Rp	Schedule C3: t: 7/9
2	FILER NAME				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 (\$)	
	07/03/2024		Independent Insurance Agents of Texas			1,948.77

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 Rpt		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Political Action	on	Committee Of The Independent Insurance Agents Of Texas		00015593		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	07/25/2024		Independent Insurance Agents of Texas				360.36

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

1

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8

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 9/9 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name Briscoe Cain Campaign 07/10/2024 Amount (\$) Payee address; City; State; Zip Code 7 \$500.00 PO Box 7 Expenditure from Deer Park, TX 77536 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Political Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2024 Donna Howard Campaign Amount (\$) Payee address; City; State; Zip Code \$750.00 P.O. Box 5375 Expenditure from Austin, TX 78763 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Political Contribution** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2024 Trey Martinez Fischer Campaign Amount (\$) Payee address; City: State; Zip Code \$250.00 104 Babock Suite 107 Expenditure from corporate funds San Antonio, TX 78201 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Political Contribution** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1