FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015593 3 COMMITTEE NAME **OFFICE USE ONLY** Political Action Committee Of The Independent Insurance Agents Of Texas Date Received **ELECTRONICALLY FILED** 09/04/2024 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 MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Regan M. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Ellmer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1115 San Jacinto Blvd, Suite 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1115 San Jacinto Blvd, Suite 100 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 493-2454 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Political Action Comm	nittee Of The Independer	nt Insurance Agents Of Texas	00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dustin Burrows State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	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 MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,763.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	11,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	975,727.69
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
		Mr Regan	M. Ellmer	
		Signature of Car		ırer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

FORM MPAC **ADDENDUM**

						Page 3 of 16
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance A	gents Of Texas		00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Cook State	e Representativ	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported	t			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		d Sarah Eckhardt 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	1			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren St	ate Representa	tive	
(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	d			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

FORM MPAC **ADDENDUM**

					$\overline{}$	
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	: Insurance	e Ag	jents Of Texas	00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Mary Gonzalez State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures	A. Suppo	rted			
	(Describe by date and location of election and nature of issue.)					
		B. Oppos	ed			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	rted	Cody Harris State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Suppo	rted	Venton Jones State Representa	ative	
	applicable, classify by party.)	1				
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
		B. Oppos	ed			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.))				

FORM MPAC **ADDENDUM**

					$\overline{}$	Page 5 of 16
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	Of The Independent	. Insurance /	Agents Of Texa	3S	00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Morgan Lal	Mantia State Senato	or	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	ı			
	2. Measures	A. Supporte	ed			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed	1			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	_				
COMMITTEE	1. Candidates	A. Supporte	ed Will Metcal	f State Representat	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	i			
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	∌d			
	haute of least,	B. Opposed	t			
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Angela Orr	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	t			
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	∍d			
		B. Opposed	i			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	,				

FORM MPAC ADDENDUM

						Page 6 of 16
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee O	f The Independent	Insurance Ag	ents Of Texas		00015593	
ACTIVITY	Candidates A. Supported Charles Schwertner State Senator (Identify by name or, if applicable, classify by party.) A. Supported Charles Schwertner State Senator					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(I	2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported				
		B. Opposed				
	B. Officeholders Assisted Identify by name or, if pplicable, classify by party.)					
ACTIVITY	. Candidates Identify by name or, if pplicable, classify by party.)		David Spiller State	Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(I	P. Measures Describe by date and ocation of election and lature of issue.)	A. Supported				
		B. Opposed				
	B. Officeholders Assisted Identify by name or, if pplicable, classify by party.)					
	F					

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

7 of 16					
17 CO	MMITTE	E NAME	18 Filer ID	(Ethic	cs Commission Filers)
Poli	itical A	ction Committee Of The Independent Insurance Agents Of Texas	00015593		
19 SCH	HEDULE	SUBTOTALS			
NAN	ME OF S	SCHEDULE		;	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,280.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.)R	\$		
5.		\$			
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	294.31
7.	7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				189.24
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	9. SCHEDULE E: LOANS				
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	11,250.00
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	\$	

MONE	TARY POLITICAL CONTRIBUTION	JNS	SCHEDULE A1
The Inst	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 8/16
2 FILER NA			3 Filer ID (Ethics Commission Filers)
	ction Committee Of The Independent Insurance Agent		00015593
4 Date 08/08/202			7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78218-6790		
	ccupation / Job title (See Instructions)	9 Employer (See Instructions	
Insurance	e Agent	IBC Insurance Agency,	Ltd.
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/06/202	·		\$100.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77060-3552		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	
Insurance	e Agent	Baxter Insurance Agend	cy, Inc.
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/08/202	24 Garrett, Harlan		\$20.00
	Contributor address; City; State; Zip Code McAllen, TX 78502-4288		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	
Insurance	Agent	Relation Insurance Serv	vices Inc
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/19/202			\$10.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77092-8855	1	
Principal o Insurance	ccupation / Job title (See Instructions) e Agent	Employer (See Instructions Imperial PFS	s)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/01/202	24 Jacobson, Jeff		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77036-8036		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	
Insurance	e Agent	Fred Rhodes & Compar	ny LLC

2 FILER NAME Political Action Co 4 Date 07/30/2024 6 C Principal occupation Insurance Agent Date 08/20/2024 K	Contributor address; City; State; Zip Code Houston, TX 77018-8018 In / Job title (See Instructions) Full name of contributor	9 Employer (See Instruction Douglas B. Johnson In:	Amount of Contribution (\$) \$25
Political Action Co 4 Date 5 F 07/30/2024 6 C 4 Principal occupation Insurance Agent Date 08/20/2024 K Principal occupation Co	Full name of contributor out-of-state PAC (ID# Johnson, Douglas Contributor address; City; State; Zip Code Houston, TX 77018-8018 out-of-state PAC (ID# Ciecke, Ken Contributor address; City; State; Zip Code Houston, TX 77292-2022 on / Job title (See Instructions)	9 Employer (See Instruction Douglas B. Johnson Instruction	7 Amount of Contribution (\$) surance Agency Amount of Contribution (\$) \$25
07/30/2024 J 6 C	Contributor address; City; State; Zip Code Houston, TX 77018-8018 In / Job title (See Instructions) Full name of contributor	9 Employer (See Instruction Douglas B. Johnson In: :	surance Agency Amount of Contribution (\$) \$25
8 Principal occupation Insurance Agent Date F 08/20/2024 K Principal occupation	Full name of contributor out-of-state PAC (ID# Kiecke, Ken Contributor address; City; State; Zip Code Houston, TX 77292-2022 n / Job title (See Instructions)	Douglas B. Johnson In:	Amount of Contribution (\$) \$25
Date F 08/20/2024 k	Full name of contributor out-of-state PAC (ID# Kiecke, Ken Contributor address; City; State; Zip Code Houston, TX 77292-2022 n / Job title (See Instructions)	Douglas B. Johnson In:	Amount of Contribution (\$) \$25
08/20/2024 K	Ciecke, Ken Contributor address; City; State; Zip Code Houston, TX 77292-2022 n / Job title (See Instructions)	Employer (See Instruction	 \$25
Principal occupation	n / Job title (See Instructions)		
		Bowen, Miclette & Britt	
08/19/2024 L	Full name of contributor	:)	Amount of Contribution (\$) \$2
	McAllen, TX 78502-4288		
Principal occupation Insurance Agent	n / Job title (See Instructions)	Employer (See Instruction Relation Insurance Ser	
08/06/2024 F	Full name of contributor out-of-state PAC (ID#Pratus, Mindi Contributor address; City; State; Zip Code		Amount of Contribution (\$)
	_ampasas, TX 76550-2827 n / Job title (See Instructions)	Employer (See Instruction Pratus Insurance Servi	
07/31/2024 S	Full name of contributor out-of-state PAC (ID#Stanford, Kelli Contributor address; City; State; Zip Code Austin, TX 78761-4444		Amount of Contribution (\$)
	n / Job title (See Instructions)	Employer (See Instruction	
Insurance Agent		Ed Weeren Insurance	Agency, Inc.

	MONET	TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instru	action Guide explains how to complete this	1 Total pages Schedule A1: Sch: 3/3 Rpt: 10/16	
2	FILER NAME	ion Committee Of The Independent Insurance Ager	nts Of Texas	3 Filer ID (Ethics Commission Filers) 00015593
4	Date 07/31/2024	5 Full name of contributor ut-of-state PAC (ID#	7 Amount of Contribution (\$) \$50.0	
_	<u> </u>	Dallas, TX 75240-1381	<u> </u>	Į.
8	Insurance A	upation / Job title (See Instructions) agent	9 Employer (See Instruction Swingle, Collins & Asso	

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule C3: Sch: 1/1 Rpt: 11/16
2	FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas			3	Filer ID (Ethics Commission Filers) 00015593
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	08/05/2024		Independent Insurance Agents of Texas		294.31

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 Date 5 Corporation / Labor Organization name 6 Amount (\$) 08/25/2024 Independent Insurance Agents of TX 189.24

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of 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) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 13/16 Political Action Committee Of The Independent Insurance 00015593 4 Date Payee name 08/22/2024 Angelia Orr Campaign 6 Amount (\$) Payee address; State; Zip Code \$500.00 PO Box 113 Expenditure from Itasca, TX 76055 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/21/2024 Charlie Geren Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO BOX 1440 Expenditure from Fort Worth, TX 76101 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) 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 08/21/2024 Cody Harris Campaign Amount (\$) Payee address: City: State; Zip Code \$500.00 PO Box 513 Expenditure from Canton, TX 75103 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 14/16	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
08/24/2024	David Spiller Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 447
Expenditure from corporate funds	Jackboro, TX 76458
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	POLITICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/06/2024	David. Cook Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 41
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
	POLITICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Pouro nomo
	Payee name
08/21/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO BOx 2569
Expenditure from corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Cara r ayment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 15/16	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
08/21/2024	Mary Gonzalez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 450
·	
Expenditure from	Clint, TX 79836
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/22/2024	Morgan LaMantia for State Senate
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1324 East Madison
Expenditure from corporate funds	Brownsville, TX 78520
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
08/21/2024	Sarah Eckhardt Campaign
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 301586
Expenditure from	
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLITICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 16/16	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
08/21/2024	Texans for Charles Schwertner
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 2448
— Foreseditors from	
Expenditure from corporate funds	Georgetown, TX 78627
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
	T SETIONE CONTRIBOTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davies same
08/06/2024	Payee name Venton for Texas
Amount (\$)	Payee address; City; State; Zip Code 707 Vermont Avenue
\$250.00	707 Vermont Avenue
Expenditure from	
corporate funds	Dallas, TX 75216
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/06/2024	Will Metcalf Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 454
Expenditure from corporate funds	Conroe, TX 77305
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By 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
2	