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** 10/02/2024 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 **CAMPAIGN FIRST** 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 X October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

GO TO PAGE 2

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	t Insurance Agents Of Texas	0001559	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Carol Alvarado State Senator		
(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		
		. Орросси		
	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 PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,593.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	33,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	963,283.74
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Mr. Regar	n M. Ellmer	
		Signature of Ca		
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, tl	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	ficer administering oath

						Page 3 of 26
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	t Insurance Age	ents Of Texas		00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cesar Blanco 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dr. Greg Bonner	State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ben Bumgarner	State Represer	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

2 COMMITTEE NAME							13 Filer ID	(Ethics Commission	Filers)
olitical Action Committee	Of The Independent	t Insu	ırance Agı	ents Of Texas			00015593		
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Giovanni Ca	priglione S	tate Repr	esentative		
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed						
	2. Measures	A. S	Supported						
	(Describe by date and location of election and nature of issue.)								_
		B. C	Opposed						
	3. Officeholders Assisted								
	(Identify by name or, if applicable, classify by party.)	.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Drew Darby	State Rep	resentativ	'e		
(Attach lists on plain			d						
paper to complete this report if necessary.)		B. C	Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported						
	,	B. C	Opposed						
	3. Officeholders Assisted								
	(Identify by name or, if applicable, classify by party.)	.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Paul Dyson	State Repr	esentative	е		
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed						
	Measures (Describe by date and location of election and nature of issue.)	A. S	Supported						
		B. C	Opposed						
	3. Officeholders Assisted								
	(Identify by name or, if applicable, classify by party.)	.)							

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	Of The Independent	t Insuraı	nce Ag	ents Of Texas		00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Caroline Harris	State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed				
	2. Measures	A. Sup	ported				
	(Describe by date and location of election and nature of issue.)						
		В. Орр	osed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Christian Manue	State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported				
		В. Орр	osed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Sup	ported	Todd Hunter St	ate Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported				
		В. Орр	osed				
	Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.))					

			=				Page 6 of 26
2 COMMITTEE NAME					!	13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	: Insuranc	e Ag	jents Of Texas		00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Lacey Hull Stat	te Representative	;	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed				
	2. Measures	A. Suppo	orted	·			
	(Describe by date and location of election and nature of issue.)		_				
		B. Oppos	sed				
	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	John Lujan Sta	ate Representativ	re	
Carrent lists on plain	Stere						
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed				
	Measures (Describe by date and location of election and nature of issue)	A. Suppo	rted				
	nature of issue.)	B. Oppos	sed				
	Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)	1			~		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rtea	Ann Johnson S	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed				
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted				
		B. Oppos	sed	,			
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission File
litical Action Committee	e Of The Independent	Insurance	Agents Of Te	exas		00015593	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Ken King	State Repr	esentative		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures	A. Support	ed				
	(Describe by date and location of election and nature of issue.)						
		B. Oppose	d				
	Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Support	ed Stan Kitz	man State F	Representat	ive	
	applicable, classify by party.)						
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
	nature of issue.)	B. Oppose	d				
	Officeholders Assisted (Identify by name or, if						
COMMITTEE	applicable, classify by party.)		od Cton Low	about Ctata I	Danvasantat	·	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Stan Lam	nbert State i	kepresentat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	Measures (Describe by date and location of election and	A. Support	ed				
	nature of issue.)	B. Oppose	d				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						

						Page 8 of 26
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	i Insurance <i>i</i>	Agents Of Texas	3	00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	John McQu	eeney State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	i			
	2. Measures	A. Supporte	ed			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed	ı			
	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. Supporte	Matt Morgan	State Representa	tive	
(Attack lists on plain	1					
(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			
	nature or issue.	B. Opposed	t			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates	<u> </u>	od Donnis Paul	State Representat	+1.70	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		u Denna raa.	Slate Representati	lve	
(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			
		B. Opposed	t			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.))				

									Page 9 of 2
2 COMMITTEE NAME							13 Filer ID	(Ethic	cs Commission Filer
Political Action Committee	Of The Independent	t Insuranc	e Ag	jents Of Texas			00015593	3	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Jared Patters	on State	Represer	ntative		
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed						
	2. Measures	A. Suppo	orted						
	(Describe by date and location of election and nature of issue.)								
		B. Oppos	sed						
	Officeholders Assisted (Identify by name or, if								
	(Identify by name or, if applicable, classify by party.))							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	orted	Mary Ann Pe	rez State	Represe	ntative		
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted						
		B. Oppos	sed						
	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	orted	Dade Phelan	State Re	presentat	tive		
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed						
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted						
		B. Oppos	sed						
	Officeholders Assisted (Identify by name or, if								
	applicable, classify by party.)								

						Page 10 of 26
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.)		Matt Shaheer	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sam Harless	State 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				
		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.)		Penny Shaw	State 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				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		•				

							Page 11 0	
12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Fi	ilers)
Political Action Committee	Of The Independent	Insurance A	gents Of Te	exas		00015593		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Brent Haç	genbuch State	e Senator			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
Ī	2. Measures	A. Supported	t					
	(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						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		J Joan Huff	fman State Se	enator			
(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	i .					
		B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE	1. Candidates	A. Supported	1 Phil King	State Senator	r			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		' I IIII IXIIIY	State Seriator	ı			
(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	ı					
		B. Opposed						
	Officeholders Assisted (Identify by name or, if)							
	applicable, classify by party.)	1						

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 12 of 26 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 14 COMMITTEE 1. Candidates A. Supported Tan Parker State Senator **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (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.

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

				13 of 26
17 COMMITTE	E NAME	18 Filer ID	(Ethics Com	mission Filers)
Political A	ction Committee Of The Independent Insurance Agents Of Texas	00015593		
19 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	96.07
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	747.15
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	33,250.00
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	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 14/26
2	FILER NAME Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas	3 Filer ID (Ethics Commission Filers) 00015593
4	Date 08/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ Baxter, Keith 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$100.00
_	Poincia di con	Houston, TX 77060-3552		
8	Insurance A	pation / Job title (See Instructions) gent	9 Employer (See Instructions Baxter Insurance Agence	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Cerone, Paul Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$250.00	
	Principal occu	Houston, TX 77292-2022 pation / Job title (See Instructions)	Employer (See Instructions Bowen, Miclette & Britt,	
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Pratus, Mindi Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$150.00
	Principal occu	Lampasas, TX 76550-2827 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Insurance A	gent	Pratus Insurance Servic	ces, Inc.
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Weatherred, Wes Contributor address; City; State; Zip Code Houston, TX 77040-6014)	Amount of Contribution (\$) \$250.00
	Principal occu Insurance A	pation / Job title (See Instructions) gent	Employer (See Instructions Hotchkiss Insurance Ag	

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.		1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 15/26		
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 (\$)		
	09/03/2024		Independent Insurance Agents of TX				96.07

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: 16/26 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 (\$) 09/25/2024 Independent Insurance Agents of TX 747.15

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/10 Rpt: 17/26	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
09/10/2024	Ann Johnson Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 707 Vermont Ave
Expenditure from corporate funds	Dallas, TX 75216
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/27/2024	Ben Bumgarner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	5150 Kensington Court
Expenditure from corporate funds	Flower, TX 75022
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/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2024	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	2800 Shoreline Drive Suite 310
Expenditure from corporate funds	Denton, TX 76210
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 2/10 Rpt: 18/26	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
09/04/2024	Carol Alvarado Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	400 S Zang Blvd
Expenditure from corporate funds	Houston, TX 77292
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
O Committee ONII Wife discret	Over the data (Office health)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
08/27/2024	Caroline Harris for State Rep
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO Box 700
Expenditure from	
corporate funds	Round, TX 78680
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
08/27/2024	Cesar Blanco Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 929
Expenditure from	
corporate funds	El Paso, TX 79946
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 Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
	, SENS, LE SONTABOTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	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	5)
	Sch: 3/10 Rpt: 19/26	Political Action Committee Of The Independent Insurance 00015593	
4	Date	5 Payee name	
	09/24/2024	Christian Manuel Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	3801 Turtle Creek Dr.	
	Expenditure from corporate funds	Port, TX 77642	
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
\vdash	Date	Payee name	
	09/19/2024	Payee name Dade Phelan Campaign	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	PO Box 5990	
	Expenditure from corporate funds	Austin, TX 78763	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Condidate /Office helder // Political Committee Check if Austin TX officeholder living expanse	
		Candidate/Officeholder/Political Committee Candidate/Officeholder living expense POLTICAL CONTRIBUTION	
		TOLITICAL CONTRIBUTION	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/13/2024	Dennis Paul Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 8259	
	Expenditure from corporate funds	Marshall, TX 75671	
	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 Check if Austin, TX, officeholder living expense	
		POLTICAL CONTRIBUTION	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Oh		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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:	
Sch: 4/10 Rpt: 20/26	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
09/10/2024	Drew Darby Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 3284
Expenditure from corporate funds	San, TX 76902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/10/2024	Elect Todd Hunter Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	445 Cape Henry Drive
Expenditure from corporate funds	Corpus, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	POLITICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/27/2024	
	Friends of Dr. Greg Bonnen
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1183
Expenditure from	
corporate funds	Friendswood, TX 77549
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.
EVENDIIOKE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitile to beliefft C/OI	1

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/A

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Takal manage Cabadala Edu	
1 Total pages Schedule F1: Sch: 5/10 Rpt: 21/26	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
08/27/2024	Giovanni Capriglione Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 92007
Expenditure from corporate funds	Southlake, TX 76092
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
2/11/2/11/2/12	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/13/2024	Jared Patterson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 5419
Expenditure from corporate funds	Frisco, TX 75035
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
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/10/2024	Joan Huffman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	3733-1 Westheimer
φο,ουυ.υυ	OTOO-1 Weshicillici
Expenditure from corporate funds	Houston, TX 77292
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ħ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 6/10 Rpt: 22/26	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
09/10/2024	John Lujan for State Rep
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	20003 FM 1937
Expenditure from corporate funds	San, TX 78221
8 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
	POLTICAL CONTRIBUTION
• • • • • • • • • • • • • • • • • • • •	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/19/2024	John McQueeney Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 100458
Expenditure from corporate funds	Fort, TX 76185
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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	TOETICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u>'</u>	
Date	Payee name
09/13/2024	Ken King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	702 Sayles Dr.
Expenditure from	Abilene, TX 79605
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal name Calculula E4.	C File D MANE
1 Total pages Schedule F1: Sch: 7/10 Rpt: 23/26	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
09/04/2024	Lacey Hull Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
8 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
	POLTICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/13/2024	Mary Ann Perez Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	PO Box 262432
Expenditure from corporate funds	Houston, TX 77207-2432
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Matt Morgan for Texas Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	503 FM 359 Ste. 130
Expenditure from corporate funds	Richmond, TX 77406
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.
LAFLINDITUKE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 8/10 Rpt: 24/26	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
09/10/2024	Matt Shaheen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	3917 Malton Dr.
Expenditure from corporate funds	Plano, TX 75025
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	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
experiditure to benefit C/Oi	
Date	Payee name
09/10/2024	Paul Dyson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4040 Highway 6, Ste. 200
Expenditure from corporate funds	College, TX 77845
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.
LAFENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Commission ONLY if dispose	Candidate/Officeholder some
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/10/2024	Penny Shaw Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 925991
Expenditure from	
corporate funds	Houston, TX 77292
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	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	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 25/26	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
09/10/2024	Phil King Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	PO Box 1913
Expenditure from corporate funds	Weatherford, TX 76086
8 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
	POLTICAL CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,poa.a.a to bonom 0/01	
Date	Payee name
09/10/2024	Stan Kitzman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 553
Expenditure from corporate funds	Pattison, TX 77466
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
0 1 0 0 1 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/10/2024	Stan Lambert Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 13146
Expenditure from corporate funds	Odessa, TX 79768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENINE IDE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 10/10 Rpt: 26/26	Political Action Committee Of The Independent Insurance 00015593
4 Date 09/10/2024	5 Payee name Tan Parker Campaign
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027
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 Candidate/Officeholder/Political Committee 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
08/27/2024	The Sam Harless Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 793
Expenditure from	
corporate funds	Temple, TX 76503
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held