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** 11/01/2024 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 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

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 Independen	t Insurance Agents Of Texas	00015593	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Keith Bell State Representative	е	
(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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,481.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	35,754.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	916,653.70
OUTSTANDING LOAN TOTALS	I	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 nation require	accompanying report is d to be reported by me
		Mr Regan	M. Ellmer	
		Signature of Car		urer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		•
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	icer administering oath

2 COMMITTEE NAME			=		42 5%		(Ethica Commission Filers)
2 COMMITTEE NAME	Of The Independent	t Incurance	^ a	anta Of Tayon	13 File		(Ethics Commission Filers)
Political Action Committee						015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed 	Gary VanDeaver State Repre	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				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)	<u> </u>					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed	Chris Turner State Represen	tative		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
		B. Oppose	d				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed	Rafael Anchia State Represe	ntative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
		B. Oppose	d				
	Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)						

ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Mea (Describe location on nature of supplicable) 3. Offin Ass (Identify trapplicable) COMMITTEE 1. Car	andidates A by name or, if oble, classify by party.) Beasures Bea			13 Filer ID 00015593 ative	(Ethics Commission Filers)
4 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Met (Describe location conature of applicable) 3. Offin Ass (Identify to applicable) COMMITTEE 1. Car	andidates A by name or, if oble, classify by party.) Beasures Bea	A. Supported 3. Opposed A. Supported			
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Mea (Describe location on nature of supplicable) 3. Offin Ass (Identify trapplicable) COMMITTEE 1. Car	Beasures De by date and of election and of issue.) Beasures De by date and of election and of sissue.) Beasures De by date and of election and of issue.)	3. Opposed A. Supported	Morgan Meyer State Representa	ative	
paper to complete this report if necessary.) 2. Mea (Describe location construre of a second construction const	easures De by date and of election and of issue.) B Efficeholders Esisted De by name or, if ole, classify by party.)	A. Supported			
3. Offin Ass (Identify the applicable COMMITTEE 1. Car	be by date and of election and of issue.) B Ificeholders SSISTED If by name or, if ole, classify by party.)				
3. Offi Ass (Identify t applicable) COMMITTEE 1. Car	of election and of issue.) B ficeholders ssisted by by name or, if ole, classify by party.)	3. Opposed			
Ass (Identify the applicable) COMMITTEE 1. Car	ficeholders ssisted by by name or, if ole, classify by party.)	3. Opposed			
Ass (Identify the applicable) COMMITTEE 1. Car	ssisted by by name or, if ble, classify by party.)				
applicable COMMITTEE 1. Car	ole, classify by party.)				
				<u> </u>	
ACTIVITY (Identify to applicable	andidates A by name or, if ole, classify by party.)	A. Supported	Angie Chen State Representativ	re	
(Attach lists on plain paper to complete this report if necessary.)	В	3. Opposed			
(Describe	oe by date and of election and	A. Supported		_	
	В	3. Opposed			
Ass (Identify t	ficeholders esisted by name or, if ole, classify by party.)				
ACTIVITY (Identify b	andidates A by hame or, if cole, classify by party.)	4. Supported	Rhetta Bowers State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)	В	3. Opposed			
(Describe	pe by date and of election and	A. Supported		_	
	В	3. Opposed		_	
Ass (Identify b	ficeholders ssisted by by name or, if				
	ole, classify by party.)				

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	Of The Independent	: Insurance	Agents C	of Texas		0001559	93
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Liz C	ampos S	tate Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures	A. Suppor	ed				
	(Describe by date and location of election and nature of issue.)		_				
	!	B. Oppose	d				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Brisc	oe Cain S	State Represe	ntative	
(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. Suppor	ed				
		B. Oppose	d				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE	1. Candidates	1	ed Alma	Allen St	ate Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		- Jan 1				
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ed				
		B. Oppose	d				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					

	Page 6 of 32
3 Filer ID	(Ethics Commission Filers)
00015593	
ive	
ive	
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2 COMMITTEE NAME					13 Filer ID	Page 7 of 32 (Ethics Commission Filers)
olitical Action Committee	e Of The Independent	t Insuran	ce Ag	jents Of Texas	00015593	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Armando Walle State Rep	presentative	
(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			
		В. Орро	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	orted	Senfronia Thompson Stat	te Representative	
(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			
		В. Орро	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	Christina Morales State R	Representative	
(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			
		В. Орро	sed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))				

						Page 8 of 32
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.)		l Ellen Troxclair Stat	te Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported	I			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
COMMITTEE	applicable, classify by party.)		1 A A doubling on	Olivir Dameson		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Martinez	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	I			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Richard Pena State	e Representat	ive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (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.))				
	Assisted (Identify by name or, if					

.2 COMMITTEE NAME					1.1	3 Filer ID	(Ethica Commission Filora)
Political Action Committee O					-	3 I liel ID	(Ethics Commission Filers)
Political Action Committee O	of The Independent	Insura	nce Age	ents Of Texas		00015593	
ACTIVITY (10	Candidates Identify by name or, if applicable, classify by party.)		ported	Lulu Flores State Represer	ntative		
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	oosed				
2	2. Measures	A. Sup	ported				
lo	Describe by date and ocation of election and nature of issue.)						
		В. Орг	osed				
	3. Officeholders Assisted Identify by name or, if						
aı	applicable, classify by party.)						
ACTIVITY (10	Candidates Identify by name or, if applicable, classify by party.)		ported	Caroline Harris State Repro	resentat	ive	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	osed				
(D	2. Measures Describe by date and ocation of election and nature of issue.)	A. Sup	ported				
		В. Орг	oosed				
(Id	3. Officeholders Assisted Identify by name or, if applicable, classify by party.)						
ACTIVITY (10	1. Candidates Identify by name or, if applicable, classify by party.)		ported	Shelby Slawson State Rep	oresenta	tive	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	oosed				
(E Io	2. Measures Describe by date and ocation of election and nature of issue.)	A. Sup	oported				
		В. Орг	osed				
	3. Officeholders Assisted Identify by name or, if						
	applicable, classify by party.)						_

						Page 10 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee					00015593	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Campaign Lead	ch State Repres	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.)		Claudia Ordaz	State Represent	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brooks Landgra	af 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.)					
		•				

						Page 11 of 32
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	t Insurance Ag	gents Of Texa	ıs	00015593	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carl Teppe	r State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	<u> </u>				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Trent Ashby	y 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ramon Ro	mero State Repre	esentative	
(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 12 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee					00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Nicole Collier S	tate 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.)		Dr. Dawn Bucki	ngham Land Co	mmissioner	
(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.)		Bryan Hughes	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.)					

					Page 13 of 32
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.)		Nathan Johnson State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Bob Hall State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Royce West State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				-

					Page 14 of 32
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent			00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Donna Campbell State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Paul Bettencourt 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.)		Kelly Hancock 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.)				
	applicable, classify by party.)				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 15 of 32 **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 Glenn Hegar Comptroller **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

	16 of 32				
17 CO	MMITTE	18 Filer ID	(Ethics Comn	nission Filers)	
Pol	litical A	ction Committee Of The Independent Insurance Agents Of Texas	00015593		
19 SC	HEDULI	E SUBTOTALS			
l		SCHEDULE		SUBTO ⁻	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	700.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				ļ .	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	<u> </u>			ļ —	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
	Ш	ORGANIZATION		Φ	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	_	
5.	Ш	LABOR ORGANIZATION		\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	69.40
		COLUED III E OA. NON MONETARY CURRORT FROM CORRORATION OR LARGE			
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	2,712.52
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
				ļ .	
9.	П	SCHEDULE E: LOANS		\$	
	<u> </u>			Ψ	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	c	6	35,754.25
10.		SCHEDOLET I. TOETHOAL EXTENDITORES TROWN DEFINICAL CONTRIBUTION	5	\$	33,734.23
44		COLUED III E FO. LINDAID INCLIDED OBLICATIONS		_	
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	Ш	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.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		10 FILER		,	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	ı	Total pages Schedule A1: Sch: 1/1 Rpt: 17/32	
2	FILER NAME Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas	ı	Filer ID (Ethics Commission 00015593	n Filers)
4	10/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Bergman, Vicky 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
	Delicalis al a seco	Houston, TX 77027-9128	lo ====================================			
8	Principal occupation / Job title (See Instructions) Insurance Agent 9 Employer (See Instructions) Cadence Insurance					
	Date Full name of contributor out-of-state PAC (ID#:) 10/23/2024 Frierson, Matt Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Greenville, TX 75403-0964 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Insurance Agent F 5 Insurance Solution					
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00	
		Houston, TX 77292-2022				
	Principal occu Insurance A	pation / Job title (See Instructions) gent	Employer (See Instructions Bowen, Miclette & Britt,	•		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_Raper, Andy Contributor address; City; State; Zip Code Austin, TX 78761-5427)		Amount of Contribution (\$)	\$100.00
					nc.	
		pation / Job title (See Instructions)	Employer (See Instructions Central Insurance Agen		nc.	

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: 18/32		
2	Political Action Committee Of The Independent Insurance Agents Of Texas			3	Filer ID (E 00015593	Ethics Commission Filers)	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	10/03/2024		Independent Insurance Agents of TX				69.40

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: 19/32 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 (\$) 10/25/2024 Independent Insurance Agents of TX 2,712.52

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 1/13 Rpt: 20/32	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/09/2024	Alma Allen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. Box 750
Expenditure from	Athens, TX 75751
corporate funds 8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
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
10/01/2024	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 832748
Expenditure from corporate funds	Richardson, TX 75083
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder 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/OI	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
Date	Payee name
10/09/2024	Armando Martinez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	202 Carancahua
_	
Expenditure from corporate funds	Corpus Christi, TX 78401
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	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodit 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: 2/13 Rpt: 21/32	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/09/2024	Armando Walle Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	4101 Washingtin Ave,
Expenditure from corporate funds	Houston, TX 77007
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
O Commission Chill V M allin	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
10/01/2024	Bob Hall Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 821349
Expenditure from corporate funds	North Richland Hills, TX 76182
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
10/01/2024	Briscoe Cain Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 7
Expenditure from corporate funds	Deer Park, TX 77536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	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/OI	<u> </u>

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		Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	ls Expense		kpense /ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1 To	otal pages Schedule F1:	2 FILER N	NAME					3	Filer ID	(Ethics Commission Filers)
5	Sch: 3/13 Rpt: 22/32	Politica	l Action Committee	Of The Inde	pendent	Ins	urance		00015593		
4 D	ate	5 Payee r	name								
10	0/01/2024	Brooks	Landgraf Campaig	n							
6 A	mount (\$)	7 Payee a	address; City;	State;	Zip Co	de					
	\$1,000.00	PO Bo	x 13146								
	Expenditure from corporate funds	Odess	a, TX 79768								
8	PURPOSE	(a) Categoi	y (See Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		outions/Donations M				-		de of Texas. Comp		
		Candid	ate/Officeholder/Po	iilicai Commi	ittee		POLTICAL C		officeholder living		
							. 52110/120	1		•	
	omplete ONLY if direct		e/Officeholder name	0	office sou	ght			Office he	eld	
ex	xpenditure to benefit C/OI	H 									
D	ate	Payee r	name								
10	0/01/2024	Bryan I	Hughes for Texas S	enate							
Aı	mount (\$)	Payee a	address; City;	State;	Zip Co	de					
	\$2,000.00	P.O. B	ox 450								
	Evnanditura from										
	Expenditure from corporate funds	Mineol	a, TX 75773								
	PURPOSE	(a) Categoi	y (See Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		outions/Donations M				—		de of Texas. Comp		
		Candid	ate/Officeholder/Po	ilitical Commi	ittee		POLTICAL C		officeholder living		
							. 02110/120	. J 1 V		•	
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OI		e/Officeholder name	0	office sou	ght			Office he	eld	
	Apenditure to beliefft C/Of	•									
	ate	Payee r				_					
10	0/09/2024	Carl Te	epper for State Rep	resentative							
Ai	mount (\$)	1	address; City;	State;	Zip Co	de					
	\$750.00	1 E Gr	eenway Plaza								
	Expenditure from corporate funds	Housto	n, TX 77046								
	PURPOSE	(a) Catego	y (See Categories listed at	the top of this sche	edule)	(b)	Description				
E	OF EXPENDITURE		outions/Donations M						de of Texas. Comp		
		Candid	ate/Officeholder/Po	ilitical Commi	ittee		POLTICAL C		officeholder living		
							. CLITOAL C			•	
С	omplete ONLY if direct	L Candidat	e/Officeholder name	0	office sou	ght			Office he	eld	
	xpenditure to benefit C/O	H				-					

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	
4 7	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 4/13 Rpt: 23/32	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
10/22/2024	Caroline Harris for State Rep
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 700
Expenditure from	
corporate funds	Round Rock, TX 78680
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/01/2024	Chris Turner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 182093
Expenditure from corporate funds	Arlington, TX 76096
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/OI	1
Date	Payee name
10/09/2024	Christina Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 6514
Expenditure from	
corporate funds	Houston, TX 77265
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)

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	Gift/Awards Committee Legal Servi	/Memorials Expense		ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commi	ission Filers)
	Sch: 5/13 Rpt: 24/32	Political Action Con	nmittee Of The Indep	endent I	nsurance	00015593	
4	Date	Payee name					
	10/01/2024	Claudia Ordaz Cam	paign				
6	Amount (\$)	7 Payee address; C	ity; State;	Zip Cod	e		
	\$250.00	PO Box 71738					
	Expenditure from corporate funds	El Paso, TX 79917					
8	PURPOSE	(a) Category (See Categorie	es listed at the top of this sched	lule)	Description		
	OF EXPENDITURE	Contributions/Dona				outside of Texas. Complete Schedule T.	
		Candidate/Officeho	lder/Political Commit	tee	ш	n, TX, officeholder living expense	
					I OLITOAL C	CIALITIDOLION	
	Complete ONLY if direct	Candidate/Officeholder	name Off	fice sougl	nt	Office held	
	expenditure to benefit C/OI						
	Date	Payee name					
	10/16/2024	Dr. Dawn Buckingh	am Campaign				
	Amount (\$)	Payee address; C	ity; State;	Zip Cod	е		
	\$1,000.00	1005 Congress Ave	,				
	L Evnanditura frans						
	Expenditure from corporate funds	Austin, TX 78701					
	PURPOSE	a) Category (See Categorie	es listed at the top of this sched	lule)	Description		
	OF EXPENDITURE	Contributions/Dona			—	outside of Texas. Complete Schedule T.	
		Candidate/Officeho	lder/Political Commit	tee	ш	n, TX, officeholder living expense	
					· SETIONE O	.c.macrion	
	Complete ONLY if direct	Candidate/Officeholder	name Off	fice sougl	nt	Office held	
L	expenditure to benefit C/OI						
	Date	Payee name					
	10/16/2024	Ellen Troxclair for T	exas				
	Amount (\$)		ity; State;	Zip Cod	e		
	\$250.00	701 Highway 281					
	Expenditure from corporate funds	Marble Falls, TX 78	654				
	PURPOSE	a) Category (See Categorie		lule)	Description		
	OF EXPENDITURE	Contributions/Dona		.		outside of Texas. Complete Schedule T.	
		Candidate/Officeho	lder/Political Commit	tee	_	I, TX, officeholder living expense	
					1 02110/12 0	CITIEDOTION	
	Complete ONLY if direct	Candidate/Officeholder	name Off	fice sougl	nt	Office held	
	expenditure to benefit C/OI			3			
l							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/13 Rpt: 25/32	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/16/2024	Friends of Donna Campbell
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 713
Expenditure from corporate funds	New Braunfels, TX 78130
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/01/2024	Gary VanDeaver Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 866
Expenditure from corporate funds	New Boston, TX 75570
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/09/2024	Glenn Hegar Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1108 Lavaca
Expenditure from corporate funds	Austin, TX 78701
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)

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	d 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: 7/13 Rpt: 26/32	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/01/2024	Jeff Leach Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	PO Box 866186
Expenditure from corporate funds	Plano, TX 75086
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
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/O	
Date	Payee name
10/01/2024	Keith Bell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder 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	G
Date	Payee name
10/22/2024	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
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	Contributions/Donations Made By 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	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	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: 8/13 Rpt: 27/32	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/01/2024	Liz Campos Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	1028 Rigsby
Expenditure from	Can Antonia TV 70210
corporate funds	San Antonio, TX 78210
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 Check if travel 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
10/16/2024	LuLu Flores Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 40969
Expenditure from	Austin, TX 78704
corporate funds	
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officerolder/Political Committee Political Contribute Political Contribution
	T SETIONE CONTRIBOTION
Compulate ONLY if divest	Condidate/Office helder name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/22/2024	Mano DeAyala Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	12335 Kingsride Lane
Expenditure from	Houston, TX 77024
corporate funds	
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
	Candidate/Officeholder/Political Committee
	T GETION & GONTHUBOTION
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct 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)				
	Sch: 9/13 Rpt: 28/32	Political Action Committee Of The Independent Insurance 00015593				
4	Date	5 Payee name				
L	10/09/2024	Mike Schofield Campaign				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	934 Hidden Canyon Road				
	Expenditure from corporate funds	Katy, TX 77450				
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				
		T GETION & GONTHIBOTION				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	Н				
	Date	Payee name				
	10/01/2024	Morgan Meyer Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	3838 Oak Lawn Ave.				
_	1 Expenditure from					
	corporate funds	Dallas, TX 75219				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Condidate/Officeholder/Political Committee Condidate/Officeholder/Political Committee				
		Candidate/Officeholder/Political Committee				
		, serie, le dontribotion				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
L	expenditure to benefit C/OI					
	Date	Payee name				
L	10/01/2024	Nathan Johnson Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	PO Box 670994				
	Expenditure from corporate funds	Dallas, TX 75367				
	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	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
4 Total marca Cabadula F1.	2 Files ID (Files Commission Files)		
1 Total pages Schedule F1: Sch: 10/13 Rpt: 29/32	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593		
4 Date	5 Payee name		
10/01/2024	Nicole Collier Campaign		
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 24241		
, , , , , ,			
Expenditure from corporate funds	Fort Worth, TX 76124		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
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		
10/09/2024	Paul Bettencourt Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$5,000.00	PO Box 819		
φ5,000.00	PO BOX 619		
Expenditure from corporate funds	Mangolia, TX 77353		
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		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
10/01/2024	Rafael Anchia Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	PO Box 4468		
Expenditure from corporate funds	Dallas, TX 75208		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
ZA ZADITORE	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

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: 11/13 Rpt: 30/32	Political Action Committee Of The Independent Insurance 00015593			
4 Date	5 Payee name			
10/01/2024	Ramon Romero Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	PO BOX 181			
Expenditure from corporate funds	Fort Worth, TX 76101			
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 ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
10/01/2024	Rhetta Bowers Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	3526 Lakeview Parkway			
Expenditure from corporate funds	Rowlett, TX 75088			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	POLITICAL CONTRIBUTION			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	H			
Date	Payee name			
10/09/2024	Richard Pena Raymond Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 450349			
Expenditure from				
corporate funds	Laredo, TX 78045			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	I GETICAL 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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 12/13 Rpt: 31/32	Political Action Committee Of The Independent Insurance 00015593		
4 Date	5 Payee name		
10/01/2024	Royce West Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,500.00	208 West 14th Street		
Expenditure from corporate funds	Austin, TX 78701		
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		
Date	Payee name		
10/01/2024	Senfronia Thompson Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	4828 Loop Central Dr.		
Expenditure from corporate funds	Houston, TX 77081		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
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		
	I GETICAL CONTRIBUTION		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
10/09/2024	Shelby Slawson Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$750.00	P. O .Box 117567		
Expenditure from corporate funds	Carrollton, TX 75011		
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		
Occupation Objective "	Open districts (Office health an arrange of the control of the con		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
5			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 13/13 Rpt: 32/32	Political Action Committee Of The Independent Insurance 00015593			
4 Date	5 Payee name			
10/01/2024	Texans for Kelly Hancock			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,500.00	PO Box 821349			
Expenditure from corporate funds	North Richland Hills, TX 76182			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	POLTICAL CONTRIBUTION			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	H end of the second of the sec			
Date	Payee name			
10/09/2024	The Austin Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,504.25	110 East 9th Street			
, _, _, _,				
Expenditure from	Augtin TV 70701			
corporate funds	Austin, TX 78701			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Campaign Event Expense			
	Campaight Event Expense			
Complete ONLY if direct	Candidate/Office helds			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
10/01/2024	Trent Ashby Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	807 Brazos			
Expenditure from corporate funds	Austin, TX 78701			
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.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	POLTICAL CONTRIBUTION			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				