MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015593	2 Total pages filed: 27
3 COMMITTEE NAME		•	OFFICE USE ONLY
Political Action Co	nmittee Of The Independent Insurance Ag	gents Of Texas	
			Date Received ELECTRONICALLY FILED 12/05/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	P.O. Box 684487		
Change of Address	Austin, TX 78768		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date maile derivered of Date Fostmarked
TREASURER	Mr. Regan M	1.	Receipt # Amount
NAME			
			Date Processed
	NICKNAME LAST	SUFFI>	
	Ellmer		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	1115 San Jacinto Blvd, Suite 100	AF1730112#, CITT, 31	ATE, ZIF CODE
STREET ADDRESS	1115 San Jacinto Divu, Suite 100		
(Residence or Business)			
	Austin, TX 78701		
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
MAILING	1115 San Jacinto Blvd, Suite 100		
ADDRESS			
Change of Address	Austin, TX 78701		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 493-2454		
9 REPORT TYPE			
9 REPORTITE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY			
REPORT FILING	January 5 April	15 July 5	October 5
DEADLINE	February 5 May	5 August 5	November 5
	March 5 June	e 5 September 5	X December 5
11 PERIOD	Month Day Year	THROUGH	Day Year
COVERED	10/26/2024	11/25/	2024
	GO ⁻	TO PAGE 2	
Forms provided by Tex	cas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.5dd2ace2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Political Action Committ	ee Of The Independen	t Insurance Agents Of Texas	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cecil Bell State Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,317.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	\$	46,845.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	DAY \$	888,419.24	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Mr. Regar	n M. Ellmer	
		Signature of Ca		urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM MPAC

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12 COMMITTEE NAME Political Action Committee	Of The Independent	Insurance Add	ents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Keith Bell State Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Salman Bhojani 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			
	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.)		Cesar Blanco 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.)				

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12 COMMITTEE NAME Political Action Committee	Of The Independent	Insurance Ag	ents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)
Political Action Committee				00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Borris Miles 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.)	A. Supported	Giovanni Capriglione State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	 Candidates (Identify by name or, if applicable, classify by party.) 	A. Supported	Brandon Creighton State Senat	or	
(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.)				
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FORM MPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance Age	ents Of Texas	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sarah Eckhardt State Senator	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Erin Gamez State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdez State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)		
Political Action Committee					00015593			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ana Hernandez State Representative						
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner Sta	te Representativ	/e			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Chuy Hinojosa	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.)							

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12 COMMITTEE NAME Political Action Committee	e Of The Independent	Insurance Ag	ents Of Texas		13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		sa 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.)		Todd Hunter	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joan Huffmar	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.)					
	applicable, classify by party.)					

FORM MPAC

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12 COMMITTEE NAME Political Action Committee	Of The Independent	Insurance Age	ents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	-	Ann Johnson State Representa		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lois Kolkhorst 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.)	A. Supported	Don McLaughlin 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

MONTHLY FILING GPAC REPORT: PURPOSE	

FORM MPAC

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance A	gents Of Texa	S	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joe Moody	State Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	 			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Molly Cook	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	l			
		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.)		Candy Nob	le State Representat	ive	
(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.)					

	LING GPAC R	REPORT:	PURPO	SE		FORM MPAC
						Page 10 of 27
12 COMMITTEE NAME Political Action Committe	e Of The Independent	Insurance Ag	ents Of Texas		13 Filer ID 00015593	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliversor	1 State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul S	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charles Perry	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.)					

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MONTHLY FILING GPAC REPORT: PURPOSE	

FORM MPAC

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Of The Independent	Insurance Ag	ents Of Texas	13 Filer ID 00015593	(Ethics Commission Filers)
1. Candidates (Identify by name or, if applicable, classify by party.)		Dade Phelan State Represe	ntative	
	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.)				
1. Candidates (Identify by name or, if applicable, classify by party.)		Toni Rose State Representa	ative	
	B. Opposed			
2 Measures	A Supported			
(Describe by date and location of election and nature of issue.)				
	B. Opposed			
3. Officeholders Assisted				
1. Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero State Repre	esentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
	 Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.) Officeholders Assisted (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.) Officeholders Officeholders (Describe by date and location of election and nature of issue.) 	1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)B. Opposed3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders (Describe by date and location of election and nature of issue.)A. Supported3. OpposedA. Supported3. OpposedB. Opposed	Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Toni Rose State Represented Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) A. Supported Toni Rose State Represented Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Ramon Romero State Represented Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed 3. Officeholders nature of issue.) A. Supported 3. Opposed B. Opposed 3. Officeholders	Of The Independent Insurance Agents Of Texas 00015593 1. Candidates (dentify by name or, if applicable, classify by party.) A. Supported Dade Phelan State Representative 2. Measures (Describe by date and hoation of election and nature of issue.) A. Supported Describe by date and hoation of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify to party.) A. Supported Toni Rose State Representative 1. Candidates (Identify by name or, if applicable, classify to party.) A. Supported Toni Rose State Representative 2. Measures (Describe by date and hoation of election and nature of issue.) A. Supported Toni Rose State Representative 3. Officeholders Assisted (Identify by name or, if applicable, classify to party.) A. Supported Toni Rose State Representative 3. Officeholders Assisted (Identify by name or, if applicable, classify to party.) A. Supported Supported 3. Officeholders Assisted (Identify by name or, if applicable, classify to party.) A. Supported Ramon Romero State Representative 1. Candidates (Identify by name or, if applicable, classify to party.) A. Supported B. Opposed Implicable, classify to party.) 2. Measures (Describe by date and hoation of election and nature of issue.) A. Supported Implicable, classify to party.) Implicabl

ADDENDUM Page 12 of 27

ACTIVITY (Id ap (Attach lists on plain paper to complete this report if necessary.) 2.	. Candidates dentify by name or, if pplicable, classify by party.) . Measures Describe by date and	A. Su B. Op		ents Of Texas Lauren Simmons	State Repres	13 Filer ID 00015593 entative	(Ethics Commission Filers)
14 COMMITTEE 1. ACTIVITY (Id approximate) (Attach lists on plain paper to complete this report if necessary.) 2. (D box 1.	. Candidates dentify by name or, if pplicable, classify by party.) . Measures Describe by date and	A. Su B. Op	pported		State Repres		
paper to complete this report if necessary.)	Describe by date and		posed				
(D loc	Describe by date and						
	cation of election and ature of issue.)	A. Su	pported				
		B. Op	posed				
(10	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)						
ACTIVITY	. Candidates dentify by name or, if pplicable, classify by party.)	A. Su	pported	Gary VanDeaver	State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Op	posed				
(D loc	. Measures Describe by date and location of election and ature of issue.)	A. Su	pported				
		B. Op	posed				
((d	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)						
	. Candidates dentify by name or, if pplicable, classify by party.)		pported	Judith Zaffirini Sta	ate Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Op	posed				
(D loc	. Measures Describe by date and ication of election and ature of issue.)	A. Su	pported				
		В. Ор	posed				
(Id	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)						

FORM MPAC SUBTOTALS - MPAC **COVER SHEET PG 3** 13 of 27 **17** COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 **19** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 250.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR \$ LABOR ORGANIZATION Х SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$ 69.54 SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR Х 998.45 \$ ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 10. X \$ 46,845.00 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 11. \$ 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 14. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 15. \$ TO FILER

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MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/1 Rpt: 14/27		
2 FILER NAME Political Act	2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593		
4 Date 11/22/2024	11/22/2024 Wheeler, Sarah 6 Contributor address; City; State; Zip Code Dallas, TX 75254		7 Amount of Contribution (\$) \$250.00		
8 Principal occi Insurance A	upation / Job title (See Instructions)	9 Employer (See Instructions Insurance One Agency,			

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: 15/27
2	2 FILER NAME				Filer ID (Ethics Commission Filers)
Political Action Committee Of The Independent Insurance Agents Of Texas			00015593		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	11/04/2024		Independent Insurance Agents of TX		69.54

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.				Total pages S Sch: 1/1 Rp	Schedule C4: ht: 16/27	
2	2 FILER NAME				Filer ID	(Ethics Commission Filers)	
	Political Action Committee Of The Independent Insurance Agents Of Texas			00015593			
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	11/25/2024		Independent Insurance Agents of TX				998.45

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/11 Rpt: 17/27 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name 11/18/2024 Adam Hinojosa Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$2,500.00 PO Box 18301 Expenditure from Corpus Christi, TX 78480 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 10/30/2024 Ana Hernandez Campaign Amount (\$) Payee address; City; State; Zip Code \$750.00 815-A Brazos, #389 Expenditure from Austin, TX 78701 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2024 Ann Johnson Campaign Amount (\$) Payee address; City: State; Zip Code \$250.00 PO Box 56386 Expenditure from corporate funds Houston, TX 77256 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 2/11 Rpt: 18/27	Political Action Committee Of The Independent Insurance 00015593				
4 Date 11/18/2024	5 Payee name Austin Club				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$300.00	110 East 9th St.				
Expenditure from corporate funds	Austin, TX 78701				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Campaign Event Expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/13/2024	Bhojani for Texas Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	6301 Campus Circle Dr. E				
Ψ230.00					
Expenditure from corporate funds	Irving, TX 75063				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	POLTICAL CONTRIBUTION				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/13/2024	Borris Miles Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	5302 Almeda Rd				
ΦΖ,000.00	JJVZ AIMEUA RU				
Expenditure from corporate funds	Houstin, TX 77004				
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.				
EAPENDITUKE	Candidate/Officeholder/Political Committee				
	POLTICAL CONTRIBUTION				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/11 Rpt: 19/27 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name 11/18/2024 Brandon Creighton Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 P.O. Box 1784 Expenditure from Lake Dallas, TX 75065 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 11/13/2024 Candy Noble Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 1105 E. Main St. Expenditure from Allen, TX 75002 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2024 Cesar Blanco Campaign Amount (\$) Payee address; City: State; Zip Code \$500.00 P.O. Box 929 Expenditure from El Paso, TX 79946 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 4/11 Rpt: 20/27 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name 11/06/2024 **Charles Perry Campaign** 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 1015 Gaston Ave Expenditure from Austin, TX 78703 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 11/13/2024 Chuy Hinojosa Campaign Amount (\$) Payee address; City; State; Zip Code \$5,000.00 1508 Lone Star Way Expenditure from Edinburg, TX 78539 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2024 Cole Hefner Campaign Amount (\$) Payee address; City: State; Zip Code \$1,000.00 PO Box 167 Expenditure from corporate funds Mount Pleasant, TX 75456 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 5/11 Rpt: 21/27 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name 11/22/2024 Dade Phelan Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 PO Box 5990 Expenditure from Austin, TX 78763 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 11/06/2024 **Dennis Paul Campaign** Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 8259 Expenditure from Marshall, TX 75671 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/22/2024 Don McLaughlin Amount (\$) Payee address; City: State; Zip Code \$250.00 1005 Congress Avenue Expenditure from Austin, TX 78701 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 6/11 Rpt: 22/27 Political Action Committee Of The Independent Insurance 00015593 4 Date Payee name 5 10/30/2024 Elect Todd Hunter Campaign 6 Amount (\$) Payee address; City; State; Zip Code 7 \$500.00 445 Cape Henry Drive Expenditure from Corpus Christi, TX 78412 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 11/13/2024 Erin Gamez Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 777 E Harrison St Expenditure from Brownsville, TX 78520 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2024 Friends of Cecil Bell Jr. Amount (\$) Payee address; City: State; Zip Code \$500.00 P. O. Box 819 Expenditure from corporate funds Magnoia, TX 77353 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 7/11 Rpt: 23/27 Political Action Committee Of The Independent Insurance 00015593 4 Date Payee name 5 11/13/2024 Friends of Tom Oliverson 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 1 E Greenway Plaza Expenditure from Houston, TX 77046 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 11/22/2024 Gary VanDeaver Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 PO Box 866 Expenditure from New Boston, TX 75570 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2024 Giovanni Capriglione Campaign Amount (\$) Payee address; City: State; Zip Code \$500.00 P.O. Box 92007 Expenditure from corporate funds Southlake, TX 76092 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 8/11 Rpt: 24/27 Political Action Committee Of The Independent Insurance 00015593 4 Date 5 Payee name 10/30/2024 Joan Huffman Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$1,500.00 3733-1 Westheimer Expenditure from Houston, TX 77027 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/18/2024 Joe Moody Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2314 Montana Expenditure from El Paso, TX 79903 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/22/2024 Keith Bell Campaign Amount (\$) Payee address; City: State; Zip Code \$250.00 PO Box 1178 Expenditure from corporate funds Forney, TX 75126 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLTICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 9/11 Rpt: 25/27	Political Action Committee Of The Independent Insurance 00015593				
4 Date 11/15/2024	5 Payee name Lauren Simmons Camaign				
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 56386				
corporate funds	Houston, TX 77256				
8 PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/30/2024	Legislative Solutions, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$295.00	PO Box 5643				
Expenditure from corporate funds	Austin, TX 78763				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event Expense 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/13/2024	Lois W. Kolkhorst Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	PO Box 2546				
Expenditure from corporate funds	Brenham, TX 77834				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 10/11 Rpt: 26/27	Political Action Committee Of The Independent Insurance 00015593			
4 Date 11/13/2024	5 Payee name Molly for Texas			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 667238			
Expenditure from corporate funds	Houston, TX 77266			
8 PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
11/22/2024	Ramon Romero Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO BOX 181			
Expenditure from corporate funds	Fort Worth, TX 76101			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
11/22/2024	Sarah Eckhardt Campaign			
Amount (\$) \$1,000.00	Payee address;City;State; Zip CodeP.O. Box 301586			
Expenditure from corporate funds	Austin, TX 78703			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 11/11 Rpt: 27/27	Political Action Committee Of The Independent Insurance 00015593				
4 Date	5 Payee name				
10/30/2024	Stan Gerdes Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$750.00	PO Box 39602				
Expenditure from corporate funds	San Antonio, TX 78218				
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				
	POLTICAL CONTRIBUTION				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/06/2024	Texas Senator Zaffirini Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	PO Box 627				
Expenditure from corporate funds	Laredo, TX 78042				
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				
11/06/2024	Toni Rose Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 41867				
Expenditure from corporate funds	Dallas, TX 75241				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
	POLTICAL CONTRIBUTION				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				