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) 17 00015593 3 COMMITTEE NAME **OFFICE USE ONLY** Political Action Committee Of The Independent Insurance Agents Of Texas Date Received **ELECTRONICALLY FILED** 01/03/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 684487 Change of Address Austin, TX 78768 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Regan M. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Ellmer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1115 San Jacinto Blvd, Suite 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1115 San Jacinto Blvd, Suite 100 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 493-2454 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X 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** 11/26/2024 12/25/2024

GO TO PAGE 2
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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	0001559	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Carol Alvarado State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	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	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,034.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	18,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	842,380.08
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation requir	e accompanying report is ed to be reported by me
		Mr. Regar	n M. Ellmer	
		Signature of Car		
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, th	nis the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of of	ficer administering oath

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	e Of The Independent	t Insura	nce Ag	ents Of Texas		00015593	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Briscoe Cain	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	oosed				
	Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported				
		В. Орг	osed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Sup	ported	Carrie Isaac	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	osed				
	Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported				
		В. Орг	oosed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Sup	ported	Cody Vasut S	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	oosed				
	Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported				
		В. Орр	osed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

FORM MPAC **ADDENDUM**

					Page 4 of 17
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
litical Action Committee	Of The Independent	t Insurance Ag	jents Of Texas	00015593	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Eddie Morales State Represent	ative	
(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	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Janie Lopez State Representati	ive	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mayes Middleton 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			
	Officeholders Assisted (Identify by name or, if				
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	B. Opposed			

FORM MPAC

					_	Page 5 of 17
L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committe	ee Of The Independent	Insurance Ag	ents Of Texas		00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pete Flores St	ate 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.)		Phil King State	Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Robert Nichols	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)) <u> </u>				

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance	. Age	ents Of Texas		00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted	Ryan Guillen Si	ate Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	∍d				
	2. Measures	A. Suppor	ted				
	(Describe by date and location of election and nature of issue.)						
		B. Oppose	∍d				
	Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)	, <u> </u>					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	ted	Shelby Slawson	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	be				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted				
		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.)		ted	Stan Lambert S	tate Representa	ıtive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	bę				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted				
		B. Oppose	∍d				
	Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.))					

FORM MPAC ADDENDUM

					Page 7 of 17
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance Ag	ents Of Texas	00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker State Ser	nator	
(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.)		Terry Wilson State R	epresentative	
(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.)		Charles Schwetner S	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					8 of 17
17 COMMI	TTE	E NAME	18 Filer ID	(Ethi	cs Commission Filers)
Politica	al Ac	ction Committee Of The Independent Insurance Agents Of Texas	00015593		
		SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1. X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	550.00
2.]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.]	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6. X]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	74.93
7. X]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	1,409.76
8.]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	9. SCHEDULE E: LOANS				
10. X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	18,500.00
11.]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 9/17	
2	FILER NAME Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas	3 Filer ID (Ethics Commission Filers) 00015593
4	Date 12/23/2024	 Full name of contributor		7 Amount of Contribution (\$) \$50.00
8	Principal occu	Lufkin, FL 75901-5752 spation / Job title (See Instructions)	9 Employer (See Instruction	
ľ	Insurance A		Morgan Insurance Age	
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Grenier, Beau Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
		Houston, TX 77292-2022		
	Principal occu Insurance A	pation / Job title (See Instructions) gent	Employer (See Instruction Bowen, Miclette & Britt	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Morgan, Brett Contributor address; City; State; Zip Code San Antonio, TX 78279-1028)	Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction SWBC Insurance Servi	,

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C3: Sch: 1/1 Rpt: 10/17		
2	FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas			Filer ID (Ethics Commission Filers) 00015593	
4	Date 12/03/2024	5 Corporation / Labor Organization name Independent Insurance Agents of TX	6	Amount (\$) 74.93	

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: 11/17 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 (\$) 12/25/2024 Independent Insurance Agents of TX 1,409.76

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 1/6 Rpt: 12/17	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
12/04/2024	Briscoe Cain Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 7
Expenditure from corporate funds	Deer Park, TX 77536
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
• O I I O O I I I I I I I I I I I I I I	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Carol Alvarado Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 230842
Expenditure from corporate funds	Houston, TX 77223
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
	FOLTICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2024	Carrie Isaac for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	100 commos Road
- "	
Expenditure from corporate funds	Dripping Springs, TX 78620
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
	FOLTICAL 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 Comm

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 13/17	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
12/24/2024	Cody Vasut Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 2724
Expenditure from corporate funds	Angleton, TX 77516
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/09/2024	Eddie Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	352 Hillcrest Blvd
Expenditure from corporate funds	Eagle Pass, TX 78852
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
	TOETICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2024	Janie Lopez for Texas House Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO BOX 2073
Expenditure from corporate funds	San Benito, TX 78586
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 allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/6 Rpt: 14/17	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
12/12/2024	Mayes Middleton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 1526
Expenditure from corporate funds	Galveston, TX 77553
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
12/10/2024	Pete Flores Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1005 Congress
Expenditure from corporate funds	Austin, TX 78701
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.
	Candidate/Officeholder/Political Committee
	I GETICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2024	Phil King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1913
— Foresediture from	
Expenditure from corporate funds	Weatherford, TX 76086
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 "	On didn't 10 ff a halden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/6 Rpt: 15/17	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
12/05/2024	Robert Nichols for Texas Senate
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 214 E Commerce St
Ψ2,300.00	214 L Commerce of
Expenditure from corporate funds	Jacksonville, TX 75766
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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
12/11/2024	Ryan Guillen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	PO Box 1024
Evpanditura from	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/10/2024	Shelby Slawson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P. O .Box 286
Expenditure from	
corporate funds	Stephenville, TX 76401
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 Austin, TX, officeholder living expense
	POLTICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Political Action Committee Of The Independent Insurance 00015593
5 Payee name
Stan Lambert Campaign
7 Payee address; City; State; Zip Code
PO Box 3752
Abilene, TX 79604
(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
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
Candidate/Officeholder name Office sought Office held
H
Payee name Ton Porker Compaign
Tan Parker Campaign
Payee address; City; State; Zip Code
PO Box 271741
Flower Mound, TX 75027
(a) Category (See Categories listed at the top of this schedule) (b) Description
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
POLTICAL CONTRIBUTION
Candidate/Officeholder name Office sought Office held H
Payee name
Terry Wilson Campaign
Payee address; City; State; Zip Code
PO Box 2302
Georgetown, TX 78627
-
(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
POLTICAL CONTRIBUTION
T SETTO, LE SONT LIBOTION
Candidate/Officeholder name Office sought Office held
Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 6/6 Rpt: 17/17	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date 12/11/2024 6 Amount (\$)	 5 Payee name Texans for Charles Schwertner 7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 2448 Georgetown, TX 78627
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
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held