

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,586.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 851,990.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Regan M. Ellmer

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas		18 Filer ID (Ethics Commission Filers) 00015593
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,875.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 466.65
7. <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 244.87
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
9. <input type="checkbox"/> SCHEDULE E: LOANS		\$
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/8
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bejarano, Jennifer	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78768-4487		
8 Principal occupation / Job title (See Instructions) Insurance Association		9 Employer (See Instructions) Independent Insurance Agents of Texas
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bondurant, Rick	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78737-9011		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Frost Insurance Agency, Inc.
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosworth, Michael	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Tyler, TX 75711-6620		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Bosworth & Associates, Inc.
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Andrew	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Dallas, TX 75251-1813		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gaylon	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Dallas, TX 75251-1813		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TexCap Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chemadurov, Vladimir <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-8006	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Risk Services - Leavitt Insurance Agencies
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Kimberley <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148-3412	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TPB Insurance Group
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Joshua <hr/> Contributor address; City; State; Zip Code Austin, TX 78768-4487	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Association		Employer (See Instructions) IIAT Services Company
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oncken, Robert <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-1821	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Oncken Insurance Agency, P.C.
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohde, Ron <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-1001	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Center, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78768-4487		
8 Principal occupation / Job title (See Instructions) Insurance Association		9 Employer (See Instructions) Independent Insurance Agents of Texas
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Lisa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lakeway, TX 78734-5129		
Principal occupation / Job title (See Instructions) Insurance Association		Employer (See Instructions) Independent Insurance Agents of Texas
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteside, Wade	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Spicewood, TX 78669-0605		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Whiteside Insurance Agency, LLC

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: 7/8
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 01/31/2025	5 Corporation / Labor Organization name Independent Insurance Agents of TX	6 Amount (\$) 153.63
Date 02/03/2025	Corporation / Labor Organization name Independent Insurance Agents of TX	Amount (\$) 313.02

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 8/8
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/25/2025	5 Corporation / Labor Organization name Independent Insurance Agents of Texas	6 Amount (\$) 244.87