#### MONTHLY FILING GENERAL-PURPOSE **COMMITTEE CAMPAIGN FINANCE REPORT**

#### FORM MPAC **COVER SHEET PG 1**

	1 Filer ID	2 Total pages filed:					
The MPAC Instruction	The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015593						
3 COMMITTEE NAME		OFFICE USE ONLY					
Political Action Co	nmittee Of The Independent Insurance Agents Of Texas	Date Received					
		ELECTRONICALLY FILED					
		07/03/2025					
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STAT	E; ZIP					
ADDRESS	P.O. Box 684487						
	Austin, TX 78768	Date Hand-delivered or Date Postmarked					
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI					
NAME	Mr. Regan M.	Receipt # Amount					
		Date Processed					
	NICKNAME LAST	SUFFIX					
	Ellmer	Date Imaged					
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	E #; CITY; STATE; ZIP CODE					
STREET	1115 San Jacinto Blvd, Suite 100						
ADDRESS (Residence or Business)							
	Austin, TX 78701						
7 CAMPAIGN							
MAILING	1115 San Jacinto Blvd, Suite 100						
ADDRESS							
	Austin, TX 78701						
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER E	EXTENSION					
PHONE	(512) 493-2454						
9 REPORT TYPE	104b days	the company					
	X Monthly	fter campaign Dissolution (Attach PAC-DR)					
10 MONTHLY							
REPORT FILING DEADLINE	January 5 April 5	X July 5 October 5					
DERBENTE	February 5 May 5	August 5 November 5					
	March 5 June 5	September 5 December 5					
11 PERIOD COVERED	Month Day Year THROUGH	Month Day Year					
	05/26/2025	06/25/2025					
	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 Committ	Political Action Committee Of The Independent Insurance Agents Of Texas       0001         COMMITTEE       1. Candidates       A. Supported       Angelia orr State Representative					
14 COMMITTEE ACTIVITY	ve					
(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	D 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)	\$	91,735.04		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	18,500.00		
CONTRIBUTION BALANCE				1,027,025.60		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	L		1			
		I swear, or affirm, under penalty of pe true and correct and includes all infor- under Title 15, Election Code.	rjury, that the a mation require	accompanying report is d to be reported by me		
		Mr. Regar	n M. Ellmer			
		Signature of Ca	mpaign Treası	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		
Signature of onicer au	This course oall	i mice name of oncer administering oath		cer aunimisienny vali		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.f10d0fd8		

#### MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC

Page 3 of 63

<b>12</b> 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.)		Dennis Paul 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				
	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 S	State Representati	ve	
(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.)		Giovanni Capr	iglione State Repi	resentative	
(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

Page 4 of 63

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.)		Jared Patterson	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				
	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.)		Jay Dean 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.)		Jeff Barry 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.)					

#### MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC

Page 5 of 63

						9
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.)		Jeff Leach State R	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	1. Candidates	A. Supported	John McQueeney	State Represe	ntativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		John McQueeney	State Represe	nauve	
(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.)		MaryAnn Perez Sta	ate 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.)					

MONTHLY FI	LING GPAC R	REPORT	: PURPOS	SE		FORM MPAC
						Page 6 of 63
<b>12</b> COMMITTEE NAME Political Action Committe	e Of The Independent	t Insurance A	gents 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	Matt Morgan	State Representati	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	1			
		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.)		Ryan Guillen	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	1			
		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.)		Trey Wharton	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	I			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

		FOR	м МРАС
	CC	OVER SH	IEET PG 3 7 of 63
nts Of Texas	18 Filer ID 00015593	(Ethics Com	mission Filers)
		SUBTC	DTAL AMOUNT
ONS		\$	89,422.00

			EE NAME	18 Filer ID	(Ethics Comn	nission Filers)
			ction Committee Of The Independent Insurance Agents Of Texas	00015593	-	
-			E SUBTOTALS SCHEDULE		SUBTO	FAL AMOUNT
	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	89,422.00
	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
	5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
	6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	830.92
	7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	1,482.12
	8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
	9.		SCHEDULE E: LOANS		\$	
	10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	18,500.00
	11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
	13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	

15.  $\square$ 

**SUBTOTALS - MPAC** 

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/49 Rpt: 8/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agents	s Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	06/20/2025	Alsup, Heather		\$100.00
		6 Contributor address; City; State; Zip Code		1
		Dallas, TX 75240-1381		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	δ)
	Insurance A	gent	Swingle, Collins & Asso	iciates
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/23/2025	Andrajack, Josh		\$1,000.00
	• • • • • • •	Contributor address; City; State; Zip Code		•
		Wichita Falls, TX 76307-7513		
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
	Insurance A	gent	Arthur J. Gallagher & Co	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/16/2025	Arriaga, Marcella	/	\$50.00
	00,20.222			•
		Houston, TX 77244-1587		
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	Γ δ)
	Insurance A		Pathfinder/LL&D Insura	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/13/2025	Atkins, Hannah	/	\$25.00
	00,10,2022	Contributor address; City; State; Zip Code		
		כטוונווטענטו מטטופגא, כונץ, אמנה, בוף כסמכ		
		Lubbock, TX 79464-4790		
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Insurance A			nent, an Alera Group Agency
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/10/2025	Austin, Wade	/	\$100.00
	• • • • • • •	Contributor address; City; State; Zip Code		•
		Houston, TX 77057-5848		
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Insurance Ag		Insurepointe of Texas, I	
⊢			•	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/49 Rpt: 9/63			
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)		
Political Action	on Committee Of The Independent Insurance Agent	s Of Texas	00015593			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)			
06/06/2025	Bailey, Chris	/		\$300.00		
	6 Contributor address; City; State; Zip Code					
ſ						
ſ						
	Carrollton, TX 75007-1960					
8 Principal occu	I pation / Job title (See Instructions)	s)				
Insurance Ag		jency, LLC				
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)			
06/03/2025	Baker, Lessie	)		\$50.00		
00,00,2020	Contributor address; City; State; Zip Code			Ψ00.00		
	Contributor address, City, State, Zip Code					
	Dallas, TX 75240-1381					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Insurance Ag		Swingle, Collins & Asso				
Date		)	Amount of Contribution (\$)			
06/09/2025	Barksdale, Jason	/		\$125.00		
00/00/2020				Ψ±20.00		
	Continuator address, City, State, Zip Code					
	Carrollton, TX 75007-1960					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Insurance Ag	gent	Hotchkiss Insurance Agency, LLC				
Date	Full name of contributor out-of-state PAC (ID#:	<u> )</u>	Amount of Contribution (\$)			
06/16/2025	Bauer, Mark			\$500.00		
	Contributor address; City; State; Zip Code					
ſ	F F					
ſ						
	Houston, TX 77040-3119					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Insurance Ag	gent	Brady, Chapman, Hollai	nd & Associates, Inc.			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
06/05/2025	Bayless, William David			\$250.00		
	Contributor address; City; State; Zip Code					
	McKinney, TX 75070-8146					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
Insurance Ag	gent	A. D. Alford Insurance A	Agency			
		L				

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 3/49 Rpt: 10/63	
2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
Political Action	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
06/16/2025	Behney, Patricia			\$40.00
00, _0	6 Contributor address; City; State; Zip Code			Ψ-10-1
	<b>6</b> Contributor address, City, State, Zip Couc	ļ		
	1	ļ		
	Houston, TX 77040-3119			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Insurance Ag	jent ,	Brady, Chapman, Hollar	nd & Associates, Inc.	l
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/24/2025	Bentley, Jeremiah	I		\$50.00
00,	Contributor address; City; State; Zip Code			φυστι
	Contributor address, City, State, Lip Code	ł		ł
	1	ł		l
	Austin, TX 78750-1944	1		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Insurance Ag		Texas Mutual Insurance		l
Date		)	Amount of Contribution (\$)	
06/17/2025	Bishop, Charles	/		500.00
00/11/2020	· · · · · · · · · · · · · · · · · · ·			500.00
	Contributor address; City; State; Zip Code	ļ		
	1	ł		
	Carrollton, TX 75007-1960	,		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag		Hotchkiss Insurance Age		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/04/2025	Blackstock, Brian			\$50.00
	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
	1	ł		
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	Houston, TX 77040-6014			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag	jent	Hotchkiss Insurance Age	jency, LLC	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/16/2025	Blair, Rocky			6100.00
	1	ł		
	1	ł		
	Houston, TX 77040-3119	I		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Insurance Ag		Brady, Chapman, Hollar		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/49 Rpt: 11/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	06/16/2025	Blank, Holly		\$25.00
		6 Contributor address; City; State; Zip Code		1
		Houston, TX 77040-3119		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance A	gent	Brady, Chapman, Hollar	nd & Associates, Inc.
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/24/2025	Bowler, Shirley		\$50.00
		Contributor address; City; State; Zip Code		1
		Gretna, LA 70054-1089		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A		Texas Surplus Line Rep	oorter
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	06/03/2025	Boyett, Meghan		\$250.00
		Contributor address, City, State, Zip Code		
		Dallas, TX 75240-1381		
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1s)
	Insurance Ag		Swingle, Collins & Asso	
╞	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	06/10/2025	Bradford, Theresa	/	\$50.00
	00/10/2020			
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-6014		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>
	Insurance A		Hotchkiss Insurance Ag	,
┝				-
	Date 06/16/2025	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$1,000.00
	00/10/2025			φ1,000.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-3119		
	Dringingl occu		Employer (Soo Instructions	
		ipation / Job title (See Instructions)	Employer (See Instructions Brady, Chapman, Hollar	
	Insurance Ag		Diauy, Chapman, Fionai	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/49 Rpt: 12/63	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Political Activ	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
	Date	· · ·	)	7	Amount of Contribution (\$)	
17	06/16/2025	Brady, Tim	/	<b> </b> '		\$500.00
	00/10/2025	-				ΦΟΟ.ΟΟ
	l	6 Contributor address; City; State; Zip Code				
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	I	Usuatan TV 77040 2110				
Ļ	Duin singl oppu	Houston, TX 77040-3119				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions		Accesiotas Inc	
	Insurance Ag		Brady, Chapman, Hollar	nu c	Associates, inc.	
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	06/23/2025	Bridges, Mark				\$2,501.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	I					
	l	Amarillo, TX 79101-1406				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	INSURICA			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )		Amount of Contribution (\$)	
	06/20/2025	Britt, Garry			,	\$30.00
	00,21.2			-		····
	I	Continuation address, City, State, Zip Code				
	ļ					
	I	Boerne, TX 78006-8926				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag	,	CNA Insurance	-,		
╞		-		Т	Amount of Contribution (\$)	
	Date		)			ቀደብ በበ
	06/17/2025	Broz, Todd				\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Aug-4in TV 20200 4402				
L	<u></u>	Austin, TX 78768-4487	1	Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions		· · · · / <b>-</b> · · ·	
	Advantage T	eam	Independent Insurance	Age	ents of Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/10/2025	Bump, Patricia				\$25.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	l	Dallas, TX 75240-1381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Aç	gent	Swingle, Collins & Asso	ociat	es	
$\vdash$			1			

	The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 6/49 Rpt: 13/63
2	FILER NAME	-		3 Filer ID (Ethics Commission Filers)
	Political Acti	ion Committee Of The Independent Insurance Agent	ts Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	06/04/2025		I	\$125.00
	0070	6 Contributor address; City; State; Zip Code		
			!	
			!	
		Carrollton, TX 75007-1960		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance A	gent	Hotchkiss Insurance Age	jency, LLC
	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
	06/13/2025	Bush, Judy		\$40.00
	••••	Contributor address; City; State; Zip Code		
			!	
			!	
		Houston, TX 77244-1587	1	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag	gent	Pathfinder/LL&D Insurar	ance Group, LLC
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/04/2025	Bustillos, David		\$100.00
	00,0			·
			!	
			!	
		Houston, TX 77040-6014	!	
⊢	Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A		Hotchkiss Insurance Age	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
	06/06/2025	Buteyn, John	/	\$100.00
	00/00/2020	-	!	
		Contributor address; City; State; Zip Code	!	
			!	
		Richardson, TX 75080	!	
⊢	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	 (م)
	Insurance A		Patterson & Associates	,
╞	Date			
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: CHang, Derek		Amount of Contribution (\$) \$100.00
	00/13/2023	-		
		Contributor address; City; State; Zip Code	!	
			!	
		Dallas, TX 75240-1381	1	
⊢	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag		Swingle, Collins & Assoc	
-				

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/49 Rpt: 14/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
	06/16/2025	Campbell, Cindy		\$25.0
	00,20.2			
		CUltimbutor address, City, State, Lip Code		
		Houston, TX 77040-3119		
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	1s)
	Insurance Ag		Brady, Chapman, Hollar	
_	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
	06/16/2025	Cantavella, Alicia	)	\$50.1
	00/10/2025			
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-3119		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	Insurance Ag		Brady, Chapman, Hollar	,
				1
	Date		)	Amount of Contribution (\$)
	06/04/2025			\$50.0
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-6014	<u>1                                    </u>	
		Ipation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A		Hotchkiss Insurance Ag	ency, LLC
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/02/2025	Carlson, Crystal		\$25.0
		Contributor address; City; State; Zip Code		1
		Dallas, TX 75240-1381		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	gent	Swingle, Collins & Asso	ciates
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/17/2025	Carlton, Farrah		\$350.0
		Contributor address; City; State; Zip Code		1
		Carrollton, TX 75007-1960		
┢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag		Hotchkiss Insurance Ag	
⊢		<u> </u>		

The Instruction Guide explains how to complete this form.       1 Trati pages Scherule At: Sch: 849 Rpt: 15/63         2 FLER NAME Political Action Committee Of The Independent Insurance Agents Of Texas       9 Fler D (Ethics Commission Flers) 00015593         4 Date 06/17/2025       5 Full name of contributor cont of state PAC (De:)       7 Amount of Contribution (S) 00015523         8 Principal occupation / Job tife (See Instructions) Insurance Agent       9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date 06/15/2025       Full name of contributor oxt of state PAC (De:)       Amount of Contribution (S) 00155/2025         Date 06/15/2025       Full name of contributor oxt of state PAC (De:)       Amount of Contribution (S) 06/15/2025         Date 06/25/2025       Full name of contributor oxt of state PAC (De:)       Amount of Contribution (S) 06/15/2025         Date 06/03/2025       Full name of contributor oxt of state PAC (De:)       Amount of Contribution (S) 06/03/2025         Date 06/03/2025       Full name of contributor oxt of state: Zip Code Contributor address; City, State; Zip Code Con							
Political Action Committee Of The Independent Insurance Agents Of Texas       00015593         4 Date 06/17/2025       5 Full name of contributor on an existate PAC (Data Carneal, Lissa       7 Amount of Contribution (S) Carneal, Lissa       \$ Full name of contributor Carneal, Lissa       7 Amount of Contribution (S) Carneal, Lissa       \$ Full name of contributor Carneal, Lissa       \$ For proceeding of the pr		The Instru	ction Guide explains how to complete this f	orm.	1		
Political Action Committee Of The Independent Insurance Agents Of Texas       00015593         4 Date 06/17/2025       5 Full name of contributor on an existate PAC (Data Carneal, Lissa       7 Amount of Contribution (S) Carneal, Lissa       \$ Full name of contributor Carneal, Lissa       7 Amount of Contribution (S) Carneal, Lissa       \$ Full name of contributor Carneal, Lissa       \$ For proceeding of the pr	2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
4       Date       5       Full name of contributor       out-of state PAC (D#		Political Activ	on Committee Of The Independent Insurance Agent	ts Of Texas			-
06/17/2025       Carneal, Lisa       \$75.00         6       Contributor address; City; State; Zip Code       \$75.00         7       Carrollton, TX 75007-1960       \$         8       Principal occupation / Job title (See Instructions) Insurance Agent       \$       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date       Gold/LS/2025       Carter, Brent       Amount of Contribution (\$) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$\$0.00         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date       Full name of contributor ont-of-state PAC (Dir:	4		· · ·		╞		
6       Contributor address; City; State: Zip Code         28       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date       Full name of contributor       out of-state PAC (De:)       Amount of Contribution (S)         06/15/2025       Carter, Brent	-			/	ľ		ቁ75 በበ
2 Carroliton, TX 75007-1960         8 Principal occupation / Job title (See Instructions) Insurance Agent       9 Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date       Carter, Brent       Amount of Contribution (\$) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (ID#		00/1//2025					\$15.00
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date 06/15/2025       Full name of contributor       out-of-state PAC (ID#) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$\$0.00         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) God/25/2025       Amount of Contribution (\$) \$\$0.00         Insurance Agent       Employer (See Instructions) Insurance Agent       Employer (See Instructions) Swingle, Collins & Associates         Date 06/03/2025       Full name of contributor       out-of-state PAC (ID#) Hotshkiss Insurance Agent       Amount of Contribution (\$) \$\$0.00         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Hotshkiss Insurance Agency, LLC       Amount of Contribution (\$) \$\$25.00         Date 06/04/2025       Full name of contributor       out-of-state PAC (ID#) Hotshkiss Insurance Agency, LLC       Amount of		ļ	6 Contributor address; City; State; Zip Code				
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date 06/15/2025       Full name of contributor       out-of-state PAC (ID#) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$\$0.00         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) God/25/2025       Amount of Contribution (\$) \$\$0.00         Insurance Agent       Employer (See Instructions) Insurance Agent       Employer (See Instructions) Swingle, Collins & Associates         Date 06/03/2025       Full name of contributor       out-of-state PAC (ID#) Hotshkiss Insurance Agent       Amount of Contribution (\$) \$\$0.00         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Hotshkiss Insurance Agency, LLC       Amount of Contribution (\$) \$\$25.00         Date 06/04/2025       Full name of contributor       out-of-state PAC (ID#) Hotshkiss Insurance Agency, LLC       Amount of		ļ					
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date 06/15/2025       Full name of contributor       out-of-state PAC (ID#) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$\$0.00         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) GSM Insurors       Amount of Contribution (\$) \$\$0.00         Date 06/25/2025       Full name of contributor       out-of-state PAC (ID#) God/25/2025       Amount of Contribution (\$) \$\$0.00         Insurance Agent       Employer (See Instructions) Insurance Agent       Employer (See Instructions) Swingle, Collins & Associates         Date 06/03/2025       Full name of contributor       out-of-state PAC (ID#) Hotshkiss Insurance Agent       Amount of Contribution (\$) \$\$0.00         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Hotshkiss Insurance Agency, LLC       Amount of Contribution (\$) \$\$25.00         Date 06/04/2025       Full name of contributor       out-of-state PAC (ID#) Hotshkiss Insurance Agency, LLC       Amount of		ļ					
Insurance Agent       Hotchkiss Insurance Agency, LLC         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         O6/15/2025       Carter, Brent       S50.00         Contributor address; City, State; Zip Code       Employer (See Instructions)         Insurance Agent       GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#         O6/25/2025       Carter, Stuart       GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)         O6/25/2025       Carter, Stuart       out-of-state PAC (ID#       Amount of Contribution (\$)         Stonge of the Contributor address; City, State; Zip Code       Employer (See Instructions)       stonge         Insurance Agent       Out-of-state PAC (ID#       Amount of Contribution (\$)       sto.00         O6/03/2025       Casey, Chantelle       Swingle, Collins & Associates       Sto.00         O6/03/2025       Casey, Chantelle       Amount of Contribution (\$)       sto.00         O6/04/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       sto.00         O6/04/2025       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (\$)       sto.00				1			
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/15/2025       Carter, Brent       \$\$0.00         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code       Amount of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/25/2025       Carter, Stuart       contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/25/2025       Dalleas, TX 75240-1381       Employer (See Instructions)       Swingle, Collins & Associates         Date       Date       Gol/03/2025       Gasey, Chantelle       Amount of Contribution (\$)         06/03/2025       Full name of contributor       out-of-state PAC (ID#	8						
06/15/2025       Carter, Brent       \$\$50.00         Contributor address; City; State; Zip Code       Rockport, TX 78381-1478       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       GSM Insurors         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         06/25/2025       Carter, Stuart       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/25/2025       Dallas, TX 75240-1381       Employer (See Instructions)       Sto.00         Insurance Agent       Swingle, Collins & Associates       Sto.00         Date       Full name of contributor       out-of-state PAC (ID#:		Insurance Aç	yent	Hotchkiss Insurance Ag	en	cy, LLC	
Contributor address; City, State; Zip Code         Rockport, TX 78381-1478         Principal occupation / Job title (See Instructions)         Insurance Agent         Date         6/25/2025         Carter, Stuart         Contributor address; City; State; Zip Code         Date         Date         Contributor address; City; State; Zip Code         Date         Dallas, TX 75240-1381         Principal occupation / Job title (See Instructions)         Insurance Agent         Date         Of/03/2025         Carter, Stuart         Contributor address; City; State; Zip Code         Date         Date         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Amount of Contribution (\$)         Contributor address; City; State; Zip Code         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Insurance Agent         Date         Ob/0/4/2025         Full name of contributor         Out-of-state PAC (ID#:		Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Rockport, TX 78381-1478         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (Dor:)         Amount of Contribution (\$)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Dallas, TX 75240-1381       Employer (See Instructions) Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (Dor:)         Date       Full name of contributor       out-of-state PAC (Dor:)         Date       Full name of contributor       out-of-state PAC (Dor:)         Amount of Contributor       out-of-state PAC (Dor:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle		06/15/2025	Carter, Brent				\$50.00
Rockport, TX 78381-1478         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$) Contributor address; City, State; Zip Code         Date       Dallas, TX 75240-1381       Employer (See Instructions) Swingle, Collins & Associates         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         06/03/2025       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         06/03/2025       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         06/03/2025       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         06/03/2025       Full name of contributor       but-of-state PAC (D#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-st		1			ł		
Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:		ļ					
Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:		ļ					
Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:			Rockport, TX 78381-1478				
Insurance Agent       GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/25/2025       Carter, Stuart       \$50.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$50.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle       Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle       Sto.00       \$50.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$50.00         Insurance Agent       Employer (See Instructions)       \$50.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00	┢─	Principal occu		Employer (See Instructions	L s)		
Date       Full name of contributor       out-of-state PAC (ID#:					,		
06/25/2025       Carter, Stuart       \$50.00         Contributor address; City; State; Zip Code       Dallas, TX 75240-1381       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (ID#:	⊨				—		
Contributor address; City; State; Zip Code         Dallas, TX 75240-1381         Principal occupation / Job title (See Instructions)         Insurance Agent         Date         6/03/2025         Contributor address; City; State; Zip Code         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Insurance Agent         Amount of Contribution (\$)         Contributor address; City; State; Zip Code         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Insurance Agent         Date         Full name of contributor         Out-of-state PAC (ID#:         Houston, TX 77040-6014         Date         O6/04/2025         Chapman, Samantha         Contributor address; City; State; Zip Code         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Insurance Agent         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Emplo				)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Dallas, TX 75240-1381         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Swingle, Collins & Associates         Date       Full name of contributor out-of-state PAC (ID#:)         06/03/2025       Casey, Chantelle         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         O6/04/2025       Chapman, Samantha         Contributor address; City; State; Zip Code      )         Houston, TX 77040-6014       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)		06/25/2025					\$50.00
Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle       \$50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77040-6014       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Date       Full name of contributor out-of-state PAC (ID#:) Chapman, Samantha         06/04/2025       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Houston, TX 77040-6014       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		ļ			]		
Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle       \$50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77040-6014       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Date       Full name of contributor out-of-state PAC (ID#:) Chapman, Samantha         06/04/2025       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Houston, TX 77040-6014       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		ļ					
Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle       \$50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77040-6014       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Date       Full name of contributor out-of-state PAC (ID#:) Chapman, Samantha         06/04/2025       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code         Houston, TX 77040-6014       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		ļ					
Insurance Agent       Swingle, Collins & Associates         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle       \$50.00         Contributor address; City; State; Zip Code       Full name of contributor       \$50.00         Houston, TX 77040-6014       Employer (See Instructions)       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00         O6/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00         O6/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00         Of the part of address; City; State; Zip Code       Houston, TX 77040-6014       Employer (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00       \$25.00       \$25.00       \$25.00       \$25.00       \$25.00       \$25.00 </td <td></td> <td></td> <td>Dallas, TX 75240-1381</td> <td></td> <td></td> <td></td> <td></td>			Dallas, TX 75240-1381				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/03/2025       Casey, Chantelle       \$50.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Houston, TX 77040-6014         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Weston, TX 77040-6014       Houston, TX 77040-6014       Employer (See Instructions)       \$25.00		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
06/03/2025       Casey, Chantelle       \$50.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hotchkiss Insurance Agency, LLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Houston, TX 77040-6014       Employer (See Instructions)       \$25.00		Insurance Ar	gent	Swingle, Collins & Asso	icia	ates	
06/03/2025       Casey, Chantelle       \$50.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Hotchkiss Insurance Agency, LLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Houston, TX 77040-6014       Employer (See Instructions)       \$25.00		Date	Full name of contributor Out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Insurance Agent         Date         Full name of contributor         Od/04/2025         Chapman, Samantha         Contributor address; City; State; Zip Code         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)				/			\$50.00
Houston, TX 77040-6014       Employer (See Instructions) Insurance Agent       Employer (See Instructions) Hotchkiss Insurance Agency, LLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Chapman, Samantha       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00		00,00,2020	-		-		400.01
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Hotchkiss Insurance Agency, LLC         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Chapman, Samantha       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00		ļ	Contributor address; City, State, Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Hotchkiss Insurance Agency, LLC         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Chapman, Samantha       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00		ļ					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Hotchkiss Insurance Agency, LLC         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Chapman, Samantha       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00		ļ	Houston TV 77040 6014				
Insurance Agent       Hotchkiss Insurance Agency, LLC         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Chapman, Samantha       \$25.00         Contributor address; City; State; Zip Code       Full number of the state; Zip Code       \$25.00         Houston, TX 77040-6014       Functional (See Instructions)       Employer (See Instructions)		Driveinel eeeu					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/04/2025       Chapman, Samantha       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
06/04/2025       Chapman, Samantha       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Insurance A		Hotchkiss insurance Age	en	cy, LLC	
Contributor address; City; State; Zip Code Houston, TX 77040-6014 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Houston, TX 77040-6014         Principal occupation / Job title (See Instructions)         Employer (See Instructions)		06/04/2025					\$25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)					1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ļ					
		ļ	Houston, TX 77040-6014				
	$\vdash$	Principal occu	L pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
						cv. LLC	
	_				-	-);	

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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 9/49 Rpt: 16/63	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	ion Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date		)	7	Amount of Contribution (\$)	
	06/04/2025	Choate, Carl			· · · · · · · · · · · · · · · · · · ·	\$300.00
		6 Contributor address; City; State; Zip Code		·		
		Contributor address, City, State, Zip Code	,			
			,			
		Carrollton, TX 75007-1960	,			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	 S)		
	Insurance Ag		Hotchkiss Insurance Age		cy, LLC	
⊢	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Т	Amount of Contribution (\$)	
	06/04/2025	Clark, Daphne	,		,	\$150.00
	00,0	Contributor address; City; State; Zip Code		·		+=0
		Continuation address, City, State, Zip Code	,			
			,			
		Houston, TX 77040-6014	,			
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Hotchkiss Insurance Age		cy, LLC	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/16/2025	Comiskey, Charles	, i			\$500.00
	00,10,2					<b>4000</b>
		Contributor address, City, State, Zip Code	,			
			,			
		Houston, TX 77040-3119	,			
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Brady, Chapman, Hollar		& Associates, Inc.	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/16/2025	Comiskey, Kevin	/ ,			\$500.00
	00,10,2	Contributor address; City; State; Zip Code				4000.20
		Continuutor address, City, State, Zip Code	,			
			,			
		Houston, TX 77040-3119	,			
⊢	Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Brady, Chapman, Hollar		& Associates, Inc.	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Τ	Amount of Contribution (\$)	
	06/04/2025	Cosio, Manuel			· · · · · · · · · · · · · · · · · · ·	\$50.00
				·		
			,			
			,			
		Carrollton, TX 75007-1960	,			
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	Hotchkiss Insurance Age	geno	cy, LLC	
$\vdash$			<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/49 Rpt: 17/63		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Political Acti	ion Committee Of The Independent Insurance Agent	s Of Texas	00015593		
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)		
	06/16/2025	Cote, Steve		\$500.00		
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77040-3119				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A	gent	Brady, Chapman, Hollai	nd & Associates, Inc.		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
	06/24/2025	Crain JR, Richard		\$400.00		
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240-1381				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Swingle, Collins & Asso	ciates		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
	06/24/2025	Creel, Jay		\$500.00		
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240-1381	i			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Swingle, Collins & Associates			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
	06/06/2025	Crocker, William		\$500.00		
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78746-3314	n <u></u>	<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Alliant Insurance Servic	.es		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
	06/02/2025	Crombie, DeAnna		\$50.00		
		Contributor address; City; State; Zip Code		]		
		Dallas, TX 75240-1381	<del>1</del>	<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Swingle, Collins & Asso	ciates		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/49 Rpt: 18/63 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/04/2025 Cruzan, Kenneth \$10.00 6 Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agent **GSM** Insurors Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/17/2025 Darnell, Robert \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77098-2039 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent** Dean & Draper Insurance Agency, LP Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/02/2025 DeCet, Lynsie \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75240-1381 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Swingle, Collins & Associates Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/17/2025 Dean, Kyle \$2,500.00 Contributor address; City; State; Zip Code Houston, TX 77098-2039 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Dean & Draper Insurance Agency, LP Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/17/2025 \$300.00 Dearing, Riley Contributor address; City; State; Zip Code Lubbock, TX 79424-2335 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent** Hotchkiss Insurance Agency, LLC

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 12/49 Rpt: 19/63
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Political Action Committee Of The Independent Insurance Agents Of Texas	00015593
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/16/2025 Depolis, Kathleen	\$50.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77040-3119	
8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)	·
Insurance Agent Brady, Chapman, Holla	nd & Associates, Inc.
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/16/2025 Descant, Dennis	\$500.00
Contributor address; City; State; Zip Code	
Houston, TX 77040-3119	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Insurance Agent Brady, Chapman, Holla	nd & Associates, Inc.
	Amount of Contribution (\$)
	\$1,000.00
Contributor address; City; State; Zip Code	
Cedar Park, TX 78613-2681	
	-
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       WinStar Insurance Group	
Insurance Agent WinStar Insurance Grou	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/24/2025 Dies, Tommy	\$100.00
Contributor address; City; State; Zip Code	
Graham, TX 76450-0839	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
Insurance Agent Bryan Insurance Agenc	cy, Ltd
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/10/2025 Draeken, Mike	\$250.00
Contributor address; City; State; Zip Code	
Austin. TX 78759	
Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/49 Rpt: 20/63	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/19/2025	Dreyer, Kirk				\$1,000.00
		6 Contributor address; City; State; Zip Code		"		
		Dallas, TX 75240-1381				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	gent	Swingle, Collins & Asso	ocia	tes	
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/03/2025	Elliott, Leslie				\$500.00
		Contributor address; City; State; Zip Code		·		
		Dallas, TX 75240-1381				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Swingle, Collins & Asso	ocia	tes	
	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	06/21/2025	Escamilla, Ruth			· · · · · · · · · · · · · · · · · · ·	\$25.00
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77027-9128				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Cadence Insurance			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/18/2025	Fendley, Clifton	/			\$1,000.00
	00,10,2022	Contributor address; City; State; Zip Code		·		<i><b>41</b>,000.01</i>
		Cultinution address, City, State, Zip Code				
		Paris, TX 75461-0459				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A		Pierson & Fendley Insur		ce Agency, LLC	
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Ι	Amount of Contribution (\$)	
	06/13/2025	Fernau, Mari	/		/ uncant of contact and (.)	\$100.00
	Contributor address; City; State; Zip Code		·		<b>T-</b>	
		Contributor address, City, State, Zip Code				
		Houston, TX 77244-1587				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Pathfinder/LL&D Insural		Group, LLC	
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/49 Rpt: 21/63	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance Agent	s Of Texas		00015593	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/04/2025	Ferri, Hannah				\$5.00
	• • • •	6 Contributor address; City; State; Zip Code				
		Rockport, TX 78381-1478				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Insurance A	gent	GSM Insurors			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/17/2025	Fields, Joshua				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Harlingen, TX 78551-1830				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	HUB International Insura	ano	ce Services	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/19/2025	Fondren, Chase			\$3	
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Houston, TX 77040-6014	·			
		pation / Job title (See Instructions)	Employer (See Instructions Hotchkiss Insurance Ag			
	Insurance A		HOICHKISS INSURANCE AG	en	-	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/11/2025	Frasier, Amiel				\$250.00
		Contributor address; City; State; Zip Code				
		Round Mountain, TX 78663-0001				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Moursund Insurance Ag		CV	
╞			_	,		
	Date 06/16/2025	Full name of contributor out-of-state PAC (ID#: Fusilier, Virginia	)		Amount of Contribution (\$)	\$25.00
	-				φ20.00	
		Contributor address; City; State; Zip Code				
		Houston, TX 77040-3119				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
	Insurance Ag		Brady, Chapman, Hollar		& Associates, Inc.	
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/49 Rpt: 22/63 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/18/2025 Gardner-Elkins, Jessica \$1,500.00 6 Contributor address; City; State; Zip Code Junction, TX 76849-0207 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agent R. D. Kothmann Insurance Agency Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/05/2025 \$100.00 Garrett, Harlan Contributor address; City; State; Zip Code McAllen, TX 78502-4288 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent Relation Insurance Services Inc** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/09/2025 Geary, Michele \$25.00 Contributor address; City; State; Zip Code San Antonio, TX 78205-3603 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/16/2025 \$500.00 Gerland, Kelly Contributor address; City; State; Zip Code Houston, TX 77040-3119 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Brady, Chapman, Holland & Associates, Inc. Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/04/2025 Gillikin, Gill \$25.00 Contributor address; City; State; Zip Code Houston, TX 77040-6014 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent** Hotchkiss Insurance Agency, LLC

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	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/49 Rpt: 23/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
_		ion Committee Of The Independent Insurance Agen	its Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	:)	7 Amount of Contribution (\$)
	06/17/2025	Gingrich, Zachary	ļ	\$50.00
	I	6 Contributor address; City; State; Zip Code		1
	I		ļ	
	I		ļ	
		Houston, TX 77244-1587		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Insurance A	gent	Pathfinder/LL&D Insurar	Ince Group, LLC
	Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)
	06/09/2025	Glanville, Daniel	ł	\$150.00
	1	Contributor address; City; State; Zip Code		
	I		ļ	
	I		ļ	
		Sunnyvale, TX 75182-1002		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag	gent	Hotchkiss Insurance Age	Jency, LLC
_	Date	Full name of contributor out-of-state PAC (ID#:_	k)	Amount of Contribution (\$)
	06/17/2025	Gomez, Connie	ļ	\$25.00
	I	Contributor address; City; State; Zip Code		
	I		ļ	
	I		ļ	
_		Austin, TX 78768-4487		
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	E&O team		Independent Insurance	Agents of Texas
F	Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)
	06/24/2025	Goss, Brenda		\$50.00
	I	Contributor address; City; State; Zip Code		
	I		ļ	
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		Dallas, TX 75205-1140		
Γ		upation / Job title (See Instructions)	Employer (See Instructions	
_	Insurance A	gent	Swingle, Collins & Asso	ociates
F	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
	06/16/2025	Gray, Kristie	ļ	\$50.00
	I	Contributor address; City; State; Zip Code		1
	I		ļ	
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		Houston, TX 77040-3119		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag	gent	Brady, Chapman, Hollar	nd & Associates, Inc.
			-	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/49 Rpt: 24/63 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/13/2025 Griffin, Will \$10.00 6 Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agent **GSM** Insurors Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/13/2025 \$10.00 Grogan, Raven Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent GSM** Insurors-Victoria Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/05/2025 Hall, Jason \$1,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78257 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pathfinder/LL&D Insurance Group, LLC Insurance Agent Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 06/04/2025 Hamilton, Ben \$125.00 Contributor address; City; State; Zip Code Carrollton, TX 75007-1960 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Hotchkiss Insurance Agency, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/13/2025 \$300.00 Hamilton, Christopher Contributor address; City; State; Zip Code San Antonio, TX 78231-1252 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent** Hotchkiss Insurance Agency, LLC

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/49 Rpt: 25/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/16/2025	Hamilton, Laurie	I			\$25.00
	00,20,-	6 Contributor address; City; State; Zip Code		-		¥=
	,	6 CONTRIDUTOR AUDITESS, City, State, Lip Cone	Ţ			
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	,	Houston, TX 77040-3119	ļ			
8	Princinal OCCL	upation / Job title (See Instructions)	9 Employer (See Instructions	) 		
5	Insurance Ag		Brady, Chapman, Hollar		& Associates Inc.	
<u> </u>			· · · ·	T		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/18/2025	Hanratty, Ryan				\$500.00
	,	Contributor address; City; State; Zip Code	,	]		
	,		ļ			
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		Dallas, TX 75240-1381				
		upation / Job title (See Instructions)	Employer (See Instructions		_	_
	Insurance Ag	yent	Swingle, Collins & Asso	cia	utes	
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	06/24/2025	Hardy, Blake	Ţ			\$50.00
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	,	Dallas, TX 75240-1381	ļ			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag	gent	Swingle, Collins & Asso		ites	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Τ	Amount of Contribution (\$)	
	06/04/2025	Harper, Karla	/		Amount of Contracting (1)	\$25.00
	00/04/2020					Ψ20.00
	,	Contributor address; City; State; Zip Code	ļ			
	,		ļ			
	,	Carrollton, TX 75007-1960	ļ			
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Insurance Ag		Hotchkiss Insurance Age			
L				T		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷250.00
	06/01/2025	Harris, Houston				\$850.00
	,	Contributor address; City; State; Zip Code	ļ			
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	,	D TV 75040 4004	ļ			
		Dallas, TX 75240-1381	1	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Aç	jent	Swingle, Collins & Asso	cia	ites	

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 19/49 Rpt: 26/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
	Date		)	+-	Amount of Contribution (\$)	
4	Dale 06/02/2025		J	<b> </b> ′		\$25.00
	00/02/2023	Harrison, Beverly		.		<b>ΦΖΟ.ΟΟ</b>
	1	6 Contributor address; City; State; Zip Code	ļ			
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		Dallas, TX 75240-1381	, 			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance Ag	gent	Swingle, Collins & Asso	ociat	tes	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/16/2025	Hatfield, Reed			· · · · · · · · · · · · · · · · · · ·	\$250.00
	00,10,200					Ψ
	,	Contributor address; City; State; Zip Code	,			
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	1	Dallas TV 75225 1745	ļ			
⊢	<u> </u>	Dallas, TX 75225-1745		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions		-	
L	Insurance Ag	yent	Patterson & Associates	Ins	urance Agency	
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	06/11/2025	Henry, Ryan	ļ			\$500.00
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	1	Lubbock, TX 79410-1201	Ţ			
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ر) ۲		
	Insurance Ag	,	Alan Henry Insurance A		nev Inc	
╘		- 	<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/16/2025	Hernandez, Haleigh	ļ			\$5.00
	,	Contributor address; City; State; Zip Code		1		
	,		ļ			
	1		ļ			
	1	Rockport, TX 78381-1478	Ţ			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Insurance Ag		GSM Insurors			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	Dale 06/24/2025	Higbee, Kevin	J			\$100.00
	0012412023	-		.		<b>ΦΤΟΟ'Ο</b> Ο
	1	Contributor address; City; State; Zip Code	ļ			
	1		ļ			
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L		Cherry Hill, NJ 08002-2783				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	American Collectors Ins	sura	ince	
$\vdash$			<u> </u>			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/49 Rpt: 27/63 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/16/2025 Hodge, Angela \$20.00 6 Contributor address; City; State; Zip Code Houston, TX 77040-3119 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agent Brady, Chapman, Holland & Associates, Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/17/2025 Hodges, Ashley \$25.00 Contributor address; City; State; Zip Code Carrollton, TX 75007-1960 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent** Hotchkiss Insurance Agency, LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/24/2025 Hoover, Christopher \$100.00 Contributor address; City; State; Zip Code Dallas, TX 75220-5094 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Swingle, Collins & Associates Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/09/2025 Hotchkiss, Douglas \$3,000.00 Contributor address; City; State; Zip Code Carrollton, TX 75007-1960 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Hotchkiss Insurance Agency, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$1,000.00 06/03/2025 Hotchkiss, Greg Contributor address; City; State; Zip Code Carrollton, TX 75007-1960 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance Agent** Hotchkiss Insurance Agency, LLC

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 21/49 Rpt: 28/63	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance	Agents	s Of Texas		00015593	,
4	Date	· _	-	)	7	Amount of Contribution (\$)	
-	06/03/2025	Hotchkiss, Greg	IC (ID	/	Ι.		\$1,500.00
	00,00,2020	6 Contributor address; City; State; Zip Code					Ψ1,000.00
		<b>b</b> Continuutor address, City, State, Zip Code					
		Carrollton, TX 75007-1960					
8	Principal occu	I pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> 5)		
	Insurance Ag			Hotchkiss Insurance Ag		cy, LLC	
╞	Date	Full name of contributor out-of-state PA		)	<u> </u>	Amount of Contribution (\$)	
	06/09/2025	Hotchkiss, Ken	ιC (ID#				\$2,500.00
	00/00/2020						Ψ2,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77040-6014					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Insurance Ag			Hotchkiss Insurance Ag		cy, LLC	
╞	Date			)	Ι	Amount of Contribution (\$)	
	06/09/2025	Hotchkiss, Mike	ιC (ID#				\$2,500.00
	00/03/2020						Ψ2,000.00
		Continuutor address, City, State, Zip Code					
		Houston, TX 77040-6014					
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ة)		
	Insurance A	gent		Hotchkiss Insurance Ag		cy, LLC	
⊨	Date	Full name of contributor Out-of-state PA	C (ID#:	)		Amount of Contribution (\$)	
	06/16/2025	Howell, Traci				· · · · · · · · · · · · · · · · · · ·	\$500.00
	-	Contributor address; City; State; Zip Code					
		Houston, TX 77040-3119					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Brady, Chapman, Hollar	nd	& Associates, Inc.	
╞	Date	Full name of contributor out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Hunt, Sharin					\$50.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77040-6014					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance A	gent		Hotchkiss Insurance Ag	ene	cy, LLC	
⊢			1				

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 22/49 Rpt: 29/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Activ	ion Committee Of The Independent Insurance Ager	nts Of Texas	00015593
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
	06/16/2025	Iguess, Leigh	·	\$300.00
	••••	6 Contributor address; City; State; Zip Code		•
		Houston, TX 77040-3119		
8	Principal occu	Jupation / Job title (See Instructions)	9 Employer (See Instructions	 IS)
	Insurance Ag		Brady, Chapman, Hollar	,
⊢	Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
	06/20/2025	Jackson, Stoney	)	\$500.00
	00/20/2023	-		
		Contributor address; City; State; Zip Code		
		Lubbock, TX 79424-2828		
_	Dringing occu	· · · · · · · · · · · · · · · · · · ·	Employer (See Instruction	
	Insurance Ag	upation / Job title (See Instructions)	Employer (See Instructions Stoney Jackson Insurar	
	Date		#:)	Amount of Contribution (\$)
	06/11/2025	Johnson, Debra		\$25.00
	I	Contributor address; City; State; Zip Code		
		Mathis, TX 78368-3404		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	yent	Keetch & Associates Ins	surance
F	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)
	06/24/2025	Johnson, Debra		\$50.00
	I	Contributor address; City; State; Zip Code		
		Houston, TX 77018-5242		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	л. IS)
	Insurance Ag	gent	Douglas B. Johnson Ins	surance Agency
⊨	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
	06/04/2025	Justice, Tye	·,	\$300.00
	00/0 1/2020	-		
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-6014		
$\vdash$	Dringinal occu		Employer (See Instruction	
		upation / Job title (See Instructions)	Employer (See Instructions Hotchkiss Insurance Ag	
	Insurance Ag		חטונווגוסט וווטעומוונד אין	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/49 Rpt: 30/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	ion Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/17/2025	Kapelka, Neil			-	\$100.00
		6 Contributor address; City; State; Zip Code		·		
		Austin, TX 78768-4487				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L s)		
	Insurance Ag		Independent Insurance		ents of Texas	
╞━	Date			-		
	06/16/2025	Full name of contributor out-of-state PAC (ID#: Karkowsky, Frank	)		Amount of Contribution (\$)	\$500.00
	00/10/2025	-				ΦΟΟΟΟΟ
		Contributor address; City; State; Zip Code				
		Houston TV 77007 9265				
<u> </u>	Drinsipal agai	Houston, TX 77007-8265				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A		Pasadena Insurance Ag	-		
	Date	—	)		Amount of Contribution (\$)	_
	06/16/2025	Keene, Amy				\$50.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77040-3119				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Brady, Chapman, Hollar	ind &	& Associates, Inc.	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	06/20/2025	Kelley, Jennifer				\$125.00
		Contributor address; City; State; Zip Code		·-		
		Carrollton, TX 75007-1960				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Insurance A		Hotchkiss Insurance Ag		y, LLC	
⊨	Date			_		
	Dale 06/16/2025	Full name of contributor out-of-state PAC (ID#: Kimmel, Kevin	J		Amount of Contribution (\$)	\$500.00
	00/10/2020					Φ000.00
		Contributor address; City; State; Zip Code				
		Houston TX 77040-2110				
_	Dringingloog	Houston, TX 77040-3119		<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions		Accesiates Inc	
	Insurance A		Brady, Chapman, Hollar		ASSociates, inc.	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/49 Rpt: 31/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	06/16/2025	Kimmel, Stacey		\$75.00
		6 Contributor address; City; State; Zip Code		•
		Houston, TX 77040-3119		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance A	gent	Brady, Chapman, Hollar	nd & Associates, Inc.
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/16/2025	Kinard, Cynthia		\$50.00
		Contributor address; City; State; Zip Code		•
		Houston, TX 77040-3119		
		upation / Job title (See Instructions)	Employer (See Instructions	,
	Insurance A	gent	Brady, Chapman, Hollar	nd & Associates, Inc.
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/02/2025	Kincaid, Melissa		\$5.00
		Contributor address; City; State; Zip Code		1
	- · · ·	Rockport, TX 78381-1478	1	<u> </u>
		upation / Job title (See Instructions)	Employer (See Instructions GSM Insurors	\$)
	Insurance Ag	-		<del> </del>
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/18/2025	Knecht, Jason		\$1,000.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-4018		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Insurance Ag		Carroll Insurance Agence	
╞				-
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#: Kopp, Jennifer	)	Amount of Contribution (\$) \$5.00
	0010412020	Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Rockport, TX 78381-1478		
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
	Insurance Ag		GSM Insurors	· ·
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6       Contributor address; City; State; Zip Code         Richardson, TX 75080-2784       Richardson, TX 75080-2784         8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Patterson & Associates Insurance Agency         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	ilers) \$25.00
Political Action Committee Of The Independent Insurance Agents Of Texas       00015593         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         05/29/2025       Korman, Lyn       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Patterson & Associates Insurance Agency         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/24/2025       Kurtz, Richard       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$25.00
Political Action Committee Of The Independent Insurance Agents Of Texas       00015593         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         05/29/2025       Korman, Lyn       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)       8         8       Principal occuration / Job title (See Instructions)       9       Employer (See Instructions)       Patterson & Associates         Insurance Agent       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2,0	\$25.00
4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         05/29/2025       Korman, Lyn       6 Contributor address; City; State; Zip Code       7         6 Contributor address; City; State; Zip Code       Richardson, TX 75080-2784       9 Employer (See Instructions) Insurance Agent       9 Employer (See Instructions) Patterson & Associates Insurance Agency         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/24/2025       Kurtz, Richard       \$2,0	
05/29/2025       Korman, Lyn       s         6       Contributor address; City; State; Zip Code       s         Richardson, TX 75080-2784       Richardson, TX 75080-2784       s         8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Patterson & Associates Insurance Agency         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$2,0         06/24/2025       Kurtz, Richard       \$2,0	
6       Contributor address; City; State; Zip Code         Richardson, TX 75080-2784       Richardson, TX 75080-2784         8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Patterson & Associates Insurance Agency         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/24/2025       Kurtz, Richard       \$2,0	
Richardson, TX 75080-2784       Principal occupation / Job title (See Instructions) Insurance Agent       P Employer (See Instructions) Patterson & Associates Insurance Agency         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$2,0         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$2,0	,000.00
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Patterson & Associates Insurance Agency         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$2,0         06/24/2025       Kurtz, Richard       \$2,0	,000.00
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) Patterson & Associates Insurance Agency         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$2,0         06/24/2025       Kurtz, Richard       \$2,0	,000.00
Insurance Agent     Patterson & Associates Insurance Agency       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       06/24/2025     Kurtz, Richard     \$2,0	,000.00
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       06/24/2025     Kurtz, Richard     \$2,0	,000.00
06/24/2025 Kurtz, Richard \$2,0	,000.00
06/24/2025 Kurtz, Richard \$2,0	,000.00
Houston, TX 77244-1587	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Pathfinder/LL&D Insurance Group, LLC	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	
06/17/2025 Laing, Russell \$1	\$150.00
Contributor address; City; State; Zip Code	
Houston, TX 77244-1587	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance Agent Pathfinder/LL&D Insurance Group, LLC	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	_
06/16/2025 Larson, Mark	\$50.00
Contributor address; City; State; Zip Code	
Houston TV 77040 2110	
Houston, TX 77040-3119	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)         06/04/2025       Lindsey, Gary       \$5	\$500.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$500.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor       out-of-state PAC (ID#:)         06/04/2025       Lindsey, Gary       \$5	\$500.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor out-of-state PAC (ID#:)         06/04/2025       Lindsey, Gary         Contributor address; City; State; Zip Code       State; Zip Code	\$500.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor out-of-state PAC (ID#:)         06/04/2025       Lindsey, Gary         Contributor address; City; State; Zip Code       State         Carrollton, TX 75007-1960       Carrollton, TX 75007-1960	<u> </u>
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor out-of-state PAC (ID#:)         06/04/2025       Lindsey, Gary         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Carrollton, TX 75007-1960       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	\$500.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       Brady, Chapman, Holland & Associates, Inc.         Date       Full name of contributor out-of-state PAC (ID#:)         06/04/2025       Lindsey, Gary         Contributor address; City; State; Zip Code       State         Carrollton, TX 75007-1960       Carrollton, TX 75007-1960	\$500.00

	The Instru	ction Guide explains how to complete this fe	orm.		Total pages Schedule A1: Sch: 26/49 Rpt: 33/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agents	s Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/16/2025	LoRicco, Tony			· · · · · · · · · · · · · · · · · · ·	\$250.00
	00,20,202	6 Contributor address; City; State; Zip Code				+=•
		Contributor address, City, State, Zip Code				
		1				
		Houston, TX 77040-3119				
g	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>م</u>		
ľ	Insurance Ag		Brady, Chapman, Hollar		Associates Inc.	
╘						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/27/2025	Locke, Sherri	!			\$100.00
		Contributor address; City; State; Zip Code	ļ	]		
		1				
		1				
		Richardson, TX 75080-2784				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Patterson & Associates	: Insเ	Irance Agency	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/16/2025	Loggins, Ivette				\$50.00
				·		
		1				
		Houston, TX 77040-3119				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A		Brady, Chapman, Hollar		Associates, Inc.	
⊨	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/04/2025	Long, Mary Ann	/			\$25.00
	00/04/2025					Φ20.00
		Contributor address; City; State; Zip Code				
		1				
		Destroat TV 70201 1470				
	Duinsteal age	Rockport, TX 78381-1478				
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Insurance A		GSM Insurors			
Γ	Date	Full name of contributor Dut-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/09/2025	Longo, Griffin				\$125.00
		Contributor address; City; State; Zip Code		"		
		1				
		1				
		Carrollton, TX 75007-1960				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	Hotchkiss Insurance Age	genc	y, LLC	
$\vdash$			<u> </u>		·	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/49 Rpt: 34/63
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Political Acti	ion Committee Of The Independent Insurance Agent	s Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	06/02/2025	Lough, Sean		\$25.00
		6 Contributor address; City; State; Zip Code		
		Carrollton, TX 75007-1960		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance A	gent	Hotchkiss Insurance Ag	
_	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/18/2025	Luke, Ryan	/	\$25.00
	00,10,2020	Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Austin, TX 78768-4487		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag		Independent Insurance	
	Date			Amount of Contribution (\$)
	06/16/2025	Lynch, Meredith	)	\$20.00
	00/10/2025			ψ20.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77036-3392		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag		VW Insurance Holdings	
_			-	Amount of Contribution (\$)
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: Maier, Sabriana	)	\$50.00
	00/13/2023			φου.υυ
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-6014		
_	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	c)
	Insurance Ag		Hotchkiss Insurance Ag	,
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/02/2025			\$100.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75240-1381		
	Dringing oog			->
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance Ag	gent	Swingle, Collins & Asso	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/49 Rpt: 35/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Action	on Committee Of The Independent Insurance Agent	s Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/04/2025	Marquis, Kimberly				\$10.00
		6 Contributor address; City; State; Zip Code				
		;;;;;;				
		Rockport, TX 78381-1478				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Insurance Ag	· · · · · ·	GSM Insurors - Disc Ad		ntage	
⊨	Date			1	Amount of Contribution (\$)	
	06/05/2025	Full name of contributor out-of-state PAC (ID#: Martinez, Bianca	)			\$100.00
	00/03/2023					\$100.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75240-1381				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Swingle, Collins & Asso		tos	
╘						
	Date		)		Amount of Contribution (\$)	****
	06/24/2025					\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	IIAT			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/24/2025	McCaleb, John				\$75.00
		Contributor address; City; State; Zip Code		1		
		Mesquite, TX 75150-1497				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	gent	Ironpeak			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/02/2025	McDavid, Blake				\$500.00
		Contributor address; City; State; Zip Code				
I		Rockport, TX 78381-1478				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	Insurance A	gent	GSM Insurors			
⊢						
I						

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.       Sch: 2         2       FILER NAME       3       Filer ID         Political Action Committee Of The Independent Insurance Agents Of Texas       000153         4       Date       5       Full name of contributor	ages Schedule A1: 9/49 Rpt: 36/63 (Ethics Commissi 593 t of Contribution (\$) t of Contribution (\$)	on Filers) \$500.00 \$500.00		
Political Action Committee Of The Independent Insurance Agents Of Texas         000157           4         Date         5         Full name of contributor         out-of-state PAC (ID#:)         7         Amount           06/18/2025         6         Contributor address; City; State; Zip Code         6         Contributor address; City; State; Zip Code         7         Amount           8         Principal occupation / Job title (See Instructions) Insurance Agent         9         Employer (See Instructions) GSM Insurors         9         Employer (See Instructions) GSM Insurors         Amount           06/11/2025         Full name of contributor         out-of-state PAC (ID#:)         Amount           06/11/2025         Full name of contributor         out-of-state PAC (ID#:)         Amount           06/11/2025         Full name of contributor         out-of-state PAC (ID#:)         Amount           06/11/2025         Full name of contributor         out-of-state PAC (ID#:)         Amount           06/11/2025         Full name of contributor         out-of-state PAC (ID#:)         Amount           06/11/2025         Full name of contributor         out-of-state PAC (ID#:)         Amount           06/11/2025         Full name of contributor         out-of-state PAC (ID#:)         Amount      <	593 t of Contribution (\$) t of Contribution (\$)	\$500.00		
4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount         06/18/2025       6       Contributor address; City; State; Zip Code       6       Contributor address; City; State; Zip Code       7       Amount         6       Contributor address; City; State; Zip Code       8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       6       SM Insurors         0       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount         Nocksport, TX 78381-1478       Employer (See Instructions)       Employer (See Instructions)         Insurance Agent       GSM Insurors       GSM Insurors       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:	t of Contribution (\$)			
06/18/2025       McDavid, John         6       Contributor address; City; State; Zip Code         Rockport, TX 78381-1478       Rockport, TX 78381-1478         8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:) McDavid, Patrick       Amount         06/11/2025       Full name of contributors; City; State; Zip Code       Employer (See Instructions) GSM Insurors       Amount         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount         Date       Full name of contributor       out-of-state PAC (ID#:) Amount       Amount         06/11/2025       Full name of contributor       Amount       Amount	t of Contribution (\$)			
6       Contributor address; City; State; Zip Code         Rockport, TX 78381-1478       Rockport, TX 78381-1478         8       Principal occuzation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       McDavid, Patrick       Contributor address; City; State; Zip Code       Amount         Principal occuzation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount         Principal occuzation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Amount         Date       Full name of contributor       out-of-state PAC (ID#:       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:				
6       Contributor address; City; State; Zip Code         Rockport, TX 78381-1478         8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount McDavid, Patrick         06/11/2025       Full name of contributor address; City; State; Zip Code       Amount Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:) Amount GSM Insurors       Amount Amount         Date       Full name of contributor       out-of-state PAC (ID#:) Amount       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:) Amount       Amount		\$500.00		
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       McDavid, Patrick       Contributor address; City; State; Zip Code       Amount         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount		\$500.00		
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       McDavid, Patrick       Contributor address; City; State; Zip Code       Amount         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount		\$500.00		
8       Principal occupation / Job title (See Instructions) Insurance Agent       9       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       McDavid, Patrick       Contributor address; City; State; Zip Code       Amount         Principal occupation / Job title (See Instructions) Insurance Agent       Employer (See Instructions) GSM Insurors       Employer (See Instructions) GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount		\$500.00		
Insurance Agent       GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       McDavid, Patrick       Contributor address; City; State; Zip Code       Amount         Rockport, TX 78381-1478       Employer (See Instructions)       Employer (See Instructions)         Insurance Agent       GSM Insurors       Amount         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       McDavid, Patrick       GSM Insurors       Amount		\$500.00		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       McDavid, Patrick       Contributor address; City; State; Zip Code       Amount         Rockport, TX 78381-1478       Rockport, TX 78381-1478       Employer (See Instructions)         Insurance Agent       GSM Insurors       Amount         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount         06/11/2025       Full name of contributor       out-of-state PAC (ID#:)       Amount		\$500.00		
06/11/2025       McDavid, Patrick         Contributor address; City; State; Zip Code         Rockport, TX 78381-1478         Principal occupation / Job title (See Instructions)         Insurance Agent         Date       Full name of contributor         06/11/2025         McDavid, Patrick		\$500.00		
Contributor address; City; State; Zip Code         Rockport, TX 78381-1478         Principal occupation / Job title (See Instructions)         Insurance Agent         Date       Full name of contributor         06/11/2025       McDavid, Patrick	of Contribution (ft)	\$500.00		
Rockport, TX 78381-1478       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)         06/11/2025       McDavid, Patrick       Amount	of Contribution (Ф)			
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Insurance Agent     GSM Insurors       Date     Full name of contributor     out-of-state PAC (ID#:)       06/11/2025     McDavid, Patrick	of Contribution (Ф)			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance Agent       GSM Insurors         Date       Full name of contributor       out-of-state PAC (ID#:)         06/11/2025       McDavid, Patrick       Amount	of Contribution (4)			
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Insurance Agent     GSM Insurors       Date     Full name of contributor     out-of-state PAC (ID#:)       06/11/2025     McDavid, Patrick	of Contribution (\$)			
Insurance Agent     GSM Insurors       Date     Full name of contributor     out-of-state PAC (ID#:)       06/11/2025     McDavid, Patrick	of Contribution (*)			
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount       06/11/2025     McDavid, Patrick	of Contribution (¢)			
06/11/2025 McDavid, Patrick				
		\$500.00		
Continuator address, City, State, Zip Code		ψυυυ.υυ		
Rockport, TX 78381-1478				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Insurance Agent GSM Insurors				
Date         Full name of contributor         out-of-state PAC (ID#:)         Amount	t of Contribution (\$)			
06/05/2025 McDavid, Travis		\$1,500.00		
Contributor address; City; State; Zip Code				
Rockport, TX 78381-1478				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Insurance Agent GSM Insurors				
	t of Contribution (\$)			
06/24/2025 McDavid, Travis		\$100.00		
Contributor address; City; State; Zip Code				
Rockport, TX 78381-1478				
ROCKport, 1X /8381-14/8         Principal occupation / Job title (See Instructions)         Insurance Agent         GSM Insurors				
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 30/49 Rpt: 37/63
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2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Acti	ion Committee Of The Independent Insurance Agents	s Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	06/16/2025	McEntire, Mason		\$250.00
	00,20.222	6 Contributor address; City; State; Zip Code		•
		Contributor address, City, State, Zip Code		
		Houston, TX 77040-3119		
8	Principal occu		9 Employer (See Instructions	<u> </u> s)
	Insurance A	,	Brady, Chapman, Holla	,
-	Date			Amount of Contribution (\$)
	06/04/2025	Full name of contributor out-of-state PAC (ID#: McKenzie, Gilbert	)	\$75.00
	00/04/2023			φ <i>ι</i> σ.ο.
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-6014		
_	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A		Hotchkiss Insurance Ag	
		<u> </u>		
	Date		)	Amount of Contribution (\$)
	06/25/2025			\$40.00
		Contributor address; City; State; Zip Code		
		Dallas TV 759/0 1201		
$\vdash$	Dringingl oog	Dallas, TX 75240-1381		
		upation / Job title (See Instructions)	Employer (See Instructions Swingle, Collins & Asso	
	Insurance A			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/17/2025	McPartland, Shannon		\$500.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77040-6014		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	gent	Hotchkiss Insurance Ag	ency, LLC
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/16/2025	McQurter III, Lonnie		\$200.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77040-3119		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A	gent	Brady, Chapman, Hollar	nd & Associates, Inc.

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 31/49 Rpt: 38/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593
4	Date	5 Full name of contributor Out-of-state PAC (ID#:		<b>7</b> Amount of Contribution (\$)
	06/16/2025	Mechura, Julie		\$250.00
		6 Contributor address; City; State; Zip Code		A-
		Houston, TX 77040-3119		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Insurance A	gent	Brady, Chapman, Holla	nd & Associates, Inc.
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/03/2025	Millican, Christina		\$20.00
		Contributor address; City; State; Zip Code		
		Rockport, TX 78381-1478		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A	gent	GSM Insurors	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/13/2025	Montgomery, Brandi		\$100.00
		Contributor address; City; State; Zip Code		
		Lubbock, TX 79464-4790		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	gent	Heritage Risk Managem	nent, an Alera Group Agency
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/24/2025	Moore, Amy		\$150.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75240-1381	i	
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	gent	Swingle, Collins & Asso	ociates
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/09/2025	Mueller, Carrie		\$125.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-6014	1	<u> </u>
		upation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	gent	Hotchkiss Insurance Ag	Jency, LLC

-	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 32/49 Rpt: 39/63	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance Agen	its Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		+	Amount of Contribution (\$)	
ľ	06/24/2025	Nelson, Casey	,	ľ	, and an et et al	\$100.00
	00.2	6 Contributor address; City; State; Zip Code				<b>#100.0</b>
		<b>6</b> Continuutor address, City, State, Zip Code				
		Austin, TX 78701				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L s)		
-	Insurance Ag		Catalyit	-,		
⊨	Date	-	-		Amount of Contribution (\$)	
	Dale 06/18/2025	Full name of contributor out-of-state PAC (ID#: Nelson, Linden	)			\$250.00
	00/10/2025					Φ200.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75240-1381				
┝	Dringingloog					
	Insurance A	upation / Job title (See Instructions)	Employer (See Instructions Swingle, Collins & Asso		too	
╘		-				
	Date	—	:)		Amount of Contribution (\$)	
	06/04/2025	Niemeyer, Kathy				\$125.00
		Contributor address; City; State; Zip Code				
L	<u> </u>	Houston, TX 77040-6014	· · · · · · · · · · · · · · · · · · ·	Ţ		
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Insurance A	gent	Hotchkiss Insurance Ag	jeno	cy, LLC	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/18/2025	Nitsche, Robert				\$1,500.00
		Contributor address; City; State; Zip Code		"		
L		Giddings, TX 78942-3201				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	The Nitsche Group			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/19/2025	Nunez, GG				\$250.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78411-4771				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	GN Insurance Consulta	Ints	LLC	
⊢						
1						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/49 Rpt: 40/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		on Committee Of The Independent Insurance Agents	s Of Texas	1 I	00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/16/2025	O'Sullivan, John				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77040-3119				
8			9 Employer (See Instructions			
	Insurance A	gent	Brady, Chapman, Hollar	nd &	2 Associates, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/05/2025	Ormond, Ross				\$250.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209-5330				
$\vdash$	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	Offenhauser & Company	ıy		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
	06/24/2025	Ormond, Ross	/			\$50.00
	0012	Contributor address; City; State; Zip Code		·		<b>T - -</b> -
		San Antonio, TX 78209-5330				
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		Offenhauser & Company			
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	06/13/2025	Pacheco, Jamie	/			\$5.00
	00/10/2020					ψ0.00
		Contributor address; City; State; Zip Code				
		Rockport, TX 77902-2447				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance Ag		GSM Insurors-Victoria	3)		
╞		<u> </u>		1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 50.00
	06/16/2025	Parr, Clark				\$50.00
	Contributor address; City; State; Zip Code					
		Dallas TV 75040 1001				
	- · · ·	Dallas, TX 75240-1381		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Swingle, Collins & Assoc	ociat	es	

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 34/49 Rpt: 41/63	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	s Of Texas	00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
	06/05/2025	Parr, Greg		\$250.00
	00/03/2023	-		ψ200.00
		6 Contributor address; City; State; Zip Code		
		McKinney, TX 75072-7763		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Insurance A		The Hanover Insurance	
-	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/18/2025	Pate, Samamtha	)	\$250.00
	00/10/2020			
		Contributor address; City; State; Zip Code		
		Dallas, TX 75240-1381		
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A		Swingle, Collins & Asso	
-	Date Full name of contributor out-of-state PAC (ID#:)		)	Amount of Contribution (\$)
	05/28/2025	Patterson, Ben	)	\$5,000.00
	00/20/2020			
		Contributor address, City, State, Zip Code		
		Richardson, TX 75080-2784		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A	gent	Patterson & Associates	Insurance Agency
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/28/2025	Patterson, Ben		\$2,500.00
		Contributor address; City; State; Zip Code		
		Richardson, TX 75080-2784		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Insurance A	gent	Patterson & Associates	Insurance Agency
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/17/2025	Patterson, Ronald		\$100.00
	Contributor address; City; State; Zip Code			•
		Richardson, TX 75080		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance A	gent	Patterson & Associates	Insurance Agency
			1	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 35/49 Rpt: 42/63 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/13/2025 Pearson, Sandra \$5.00 6 Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agent **GSM** Insurors Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/10/2025 Perot, Victor \$350.00 Contributor address; City; State; Zip Code Jefferson, TX 75657-0625 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Brownrigg Insurance Agency, Inc. Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/17/2025 Peters, Marit \$2,500.00 Contributor address; City; State; Zip Code Austin, TX 78768-4487 Principal occupation / Job title (See Instructions) Employer (See Instructions) Independent Insurance Agents of Texas Insurance Agent Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 06/13/2025 \$100.00 Peterson, Scott Contributor address; City; State; Zip Code Lubbock, TX 79464-4790 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Heritage Risk Management, an Alera Group Agency Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$2,000.00 06/19/2025 Pitts, Jared Contributor address; City; State; Zip Code Galveston, TX 77552-6767 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Galveston Insurance Associates

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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 36/49 Rpt: 43/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agent			00015593	
4	Date		)	+	Amount of Contribution (\$)	
7	06/02/2025	Potts IV, John	/	Ι.	Amount of Contribution (1)	\$25.00
	0010212020					Ψ20.00
	I	6 Contributor address; City; State; Zip Code	,			
	I		,			
	I		,			
		Dallas, TX 75240-1381				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance Ag	gent	Swingle, Collins & Assoc	cia	tes	
F	Date	Full name of contributor out-of-state PAC (ID#:_	, )	Γ	Amount of Contribution (\$)	
	06/04/2025	Puente, Angelica				\$10.00
		Contributor address; City; State; Zip Code		·		
	I	CONTINUEUR AUGRESS, City, State, Zip Cour	,			
	I		,			
	I	Richardson, TX 75080-2784	,			
$\vdash$		· · · · · · · · · · · · · · · · · · ·		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions			
L	Insurance Aç		Patterson & Associates	Ins	surance Agency	
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/19/2025	Quintanilla, Phillip	,			\$250.00
	I	Contributor address; City; State; Zip Code		1		
	I		,			
	I		,			
	I	San Antonio, TX 78258-4074	,			
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Insurance Ag		Walthall, Sachse & Pipe		Inc	
⊨				<del></del> ,		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	5= 00
	06/17/2025	Ramey, Lauren				\$5.00
	I	Contributor address; City; State; Zip Code	1	1		
	I		,			
	I		,			
I_		Rockport, TX 78381-1478		_		
Γ	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Aç	gent	GSM Insurors - Disc Adv	lvar	ntage	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Т	Amount of Contribution (\$)	
	06/10/2025	Ramsey, Ben			/ mount of 22.5.5. ( )	\$300.00
	00,10,			· <b> </b>		Ψυτ ·
	I	Contributor address; City; State; Zip Code	,			
	I		,			
	I	Corrollton TV 75007 1060	,			
L		Carrollton, TX 75007-1960		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions			
Í	Insurance Ag	jent	Hotchkiss Insurance Age	jeno	cy, LLC	
Γ						

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/49 Rpt: 44/63	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Political Action	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/11/2025	Raper, Scott			\$250.00
	6 Contributor address; City; State; Zip Code		•	
	Austin, TX 78761-5427	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance Ag		Central Insurance Agen	icy, Inc.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/17/2025	Ray, Mark			\$100.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78401-0362			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Insurance Ag		Higginbotham Insurance		
Date 06/25/2025	Ray, Mark	)	Amount of Contribution (\$)	\$100.00
0012312023	-			Φ100.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78401-0362			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Insurance Ag	jent	Higginbotham Insurance	e Agency	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/29/2025	Ressman, Sheri			\$25.00
	Contributor address; City; State; Zip Code		]	
	Richardson, TX 75080-2784			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Insurance Ag		Patterson & Associates		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/11/2025	Revel, Cody	/		\$100.00
	Contributor address; City; State; Zip Code		1	•
	Rockport, TX 78381-1478			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Insurance Ag	jent	GSM Insurors		

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/49 Rpt: 45/63	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Political Action	on Committee Of The Independent Insurance Agent	s Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/24/2025	Revel, Cody			• •	\$200.00
		6 Contributor address; City; State; Zip Code		ł		
		Rockport, TX 78381-1478				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Insurance Ag	,	GSM Insurors	<i>`</i>		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	06/02/2025	Reves, Roxanna	)			\$20.00
	00/02/2023					Ψ20.00
		Contributor address; City; State; Zip Code				
		Goliad, TX 77963-0353				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Insurance Ag		GSM Insurors	-)		
⊨				Г	Amount of Contribution (¢)	
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#: Richardson, Candice	)		Amount of Contribution (\$)	¢50.00
	00/04/2025					\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77040-6014				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Insurance Ag		Hotchkiss Insurance Ag		cv. LLC	
⊨					-	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#000 00</b>
	06/02/2025	Rivera, Dustin				\$300.00
		Contributor address; City; State; Zip Code				
		Carrollton, TX 75007-1960				
L	Dringingloggy		Employer (Cas Instructions			
	Insurance Ag	pation / Job title (See Instructions)	Employer (See Instructions Hotchkiss Insurance Ag			
					-	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	± · · · · · · · · · · · · · · · · · · ·
	06/24/2025					\$100.00
		Contributor address; City; State; Zip Code				
		Denten TV 7020E 7060				
$\vdash$	<b>2</b> 1 1 1 4 4 4 4 4	Denton, TX 76205-7869		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions		- <b>-</b> - <b>I</b>	
	Insurance Ag	jent	Agents Alliance Service	S, I	Ltd.	

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 39/49 Rpt: 46/63	
2	FILER NAME		/		Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance Agent			00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/25/2025	Rodriguez, Teresa	,			\$25.00
		6 Contributor address; City; State; Zip Code		"		
	l		,			
	I		,			
		Dallas, TX 75240-1381	!			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Insurance Ag	gent	Swingle, Collins & Assoc	ociate	es	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	T,	Amount of Contribution (\$)	
	06/04/2025	Rohr, Andrew				\$131.00
	I	Contributor address; City; State; Zip Code				
	I		,			
	I		,			
	I	Houston, TX 77040-6014	,			
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Insurance Ag		Hotchkiss Insurance Age		y, LLC	
╞	Date	-	)		Amount of Contribution (\$)	
	06/23/2025	Rollo, Jason	/	'		\$3,000.00
	00/20/2020					ψ0,000.00
	I	Contributor address; City; State; Zip Code	,			
	I		,			
	l	College Station, TX 77840-2677	,			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	(2)		
	Insurance Ag		Rollo Insurance Group,			
╞			-			
	Date	Full name of contributor out-of-state PAC (ID#:_	) /		Amount of Contribution (\$)	÷1 000 00
	06/09/2025	Ross, Christy	!			\$1,000.00
	I	Contributor address; City; State; Zip Code	,			
	I		,			
	I		,			
$\vdash$		San Angelo, TX 76904-7710	<u> </u>	Ĺ		
	•	upation / Job title (See Instructions)	Employer (See Instructions			
L	Insurance A		C A Ross Insurance Age	jency	/, LLC	
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
	06/16/2025	Sanders, Cheryl	,			\$200.00
	I	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"		
	l		1			
	l		1			
		Houston, TX 77040-3119				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	Brady, Chapman, Hollar	ınd &	Associates, Inc.	
$\vdash$			<u> </u>			

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 40/49 Rpt: 47/63	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		on Committee Of The Independent Insurance Agen	its Of Texas		00015593	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	06/19/2025	Sanders, Lindsey				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240-1381				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	gent	Swingle, Collins & Asso	cia	.tes	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/25/2025	Sandvig, Austin				\$100.00
		Contributor address; City; State; Zip Code		1		
	Dringingloppy	Wayzata, MN 55391-1599				
	Principal occu Insurance Ag	upation / Job title (See Instructions)	Employer (See Instructions Trean Insurance Group			
		-	· · ·	—		
	Date	—	:)		Amount of Contribution (\$)	¢10.00
	06/16/2025	Scarborough, Lauren				\$10.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75080-2784				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Insurance A	gent	Patterson & Associates	Ins	surance Agency	
╞	Date	Full name of contributor out-of-state PAC (ID#:	 :	Г	Amount of Contribution (\$)	
	06/16/2025	Schmidt, Julie			• •	\$25.00
		Contributor address; City; State; Zip Code		ł		
		Carrollton, TX 75007-1007				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Patterson & Associates	Ins	surance Agency	
	Date	Full name of contributor out-of-state PAC (ID#:_		Ī	Amount of Contribution (\$)	
	06/10/2025	Schreiber, Edward				\$1,000.00
	Contributor address; City; State; Zip Code		1			
		Houston, TX 77027-9128	<del></del>	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Insurance A	jent	Cadence Insurance			

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 41/49 Rpt: 48/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	is Of Texas		00015593	-
4	Date		)	_	Amount of Contribution (\$)	
ľ	05/30/2025	Scott, Chris		. 	, anotant of Contraction (	\$250.00
	00/00/2020					Ψ200.00
		6 Contributor address; City; State; Zip Code	,			
		1	,			
		Austin, TX 78759-8977	,			
	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ارم</u>		
0	Insurance Ag		Lewis-Watkins-Farmer A		nev Inc	
╘		-		-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2025	Segundo, Andrea	,			\$60.00
		Contributor address; City; State; Zip Code	,	]		
		1	,			
		1	,			
		Houston, TX 77244-1587				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance Ag	jent	Pathfinder/LL&D Insurar	ince	Group, LLC	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/24/2025	Sekiguchi, Jeff	,			\$50.00
	I	Contributor address; City; State; Zip Code				
			,			
		1	,			
		Austin, TX 78723-3474	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance Ag	gent	Texas Mutual Insurance	e Co	).	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	05/28/2025	Shealy, Quinn	, j		· · · · · · · · · · · · · · · · · · ·	\$20.00
	00,20.2	Contributor address; City; State; Zip Code				+
		Contributor address, City, State, Zip Code	,			
		1	,			
		Houston, TX 77040-3119	,			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 (S)		
	Insurance Ag		Brady, Chapman, Hollar		Associates. Inc.	
╞						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀጋር በር
	06/17/2025					\$20.00
		Contributor address; City; State; Zip Code	,			
		1	,			
		Disbardson TV 75000 2794	,			
$\vdash$	<u> </u>	Richardson, TX 75080-2784		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions		· · · · · · · · · · · · · · · · · · ·	
L	Insurance A	jent	Patterson & Associates	; Insi	urance Agency	

tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/49 Rpt: 49/63	
		3 Filer ID (Ethics Commission File	ers)
n Committee Of The Independent Insurance Agent	s Of Texas	00015593	,
		7 Amount of Contribution (\$)	
			\$50.00
-		•	
Continuation address, Gity, State, Zip Code			
Austin, TX 78768-4487			
ation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۶)	
Full name of contributor		-	
	/	.,	\$40.00
		· · ·	40.00
Contributor address; City, State, Zip Code			
Houston. TX 77244-1587			
	Employer (See Instructions	<u> </u>	
ent			
	)		200.00
		Ψ	.00.00
Contributor address; City; State; Zip Coue			
College Station, TX 77842-0587			
-	Employer (See Instructions	<u> </u>	
· ,		<i>')</i>	
		Amount of Contribution (\$)	
	)		
		¢∠,υ	00.00
Contributor address; City; State; Zip Code			
Houston TX 77008-2030			
	Employer (See Instructions	<u></u>	
	)		
Sparks, Asniee		⊅	\$50.00
Contributor address; City; State; Zip Code			
Contributor address; City; State; Zip Code			
Houston, TX 77040-6014			
Houston, TX 77040-6014 ation / Job title (See Instructions)	Employer (See Instructions		
Houston, TX 77040-6014	Employer (See Instructions Hotchkiss Insurance Ag		
	n Committee Of The Independent Insurance Agent 5 Full name of contributor	Silgero, Linda         6       Contributor address; City; State; Zip Code         Austin, TX 78768-4487         ation / Job title (See Instructions)       9         Employer (See Instructions)       10         Full name of contributor       out-of-state PAC (ID#:)         Silva, Gina       Contributor address; City; State; Zip Code         Houston, TX 77244-1587       Employer (See Instructions)         ent       Pathfinder/LL&D Insurat         Full name of contributor       out-of-state PAC (ID#:)         Slack, Kayla       Contributor address; City; State; Zip Code         College Station, TX 77842-0587       Employer (See Instructions)         ent       Issurors Group, LLC         Full name of contributor       out-of-state PAC (ID#:)         Smith, Stephen       Contributor address; City; State; Zip Code         Houston, TX 77098-2039       Employer (See Instructions)         ent       Employer (See Instructions)         ent       Dean & Draper Insurance         Full name of contributor       out-of-state PAC (ID#:)	tion Guide explains how to complete this form.       Sch: 42/49 Rpt: 49/63         a       Filer ID (Ethics Commission File 00015593         a       Filer ID (Ethics Commission File 00015593         5       Full name of contributor I out-of-state PAC (ID#:)         Austin, TX 78768-4487       7         ation / Job title (See Instructions)       9         End name of contributor I out-of-state PAC (ID#:)       Amount of Contribution (\$)         Silva, Gina       0         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77244-1587       Employer (See Instructions)         ation / Job title (See Instructions)       Employer (See Instructions)         ent       Pathfinder/LL&D Insurance Group, LLC         Full name of contributor I out-of-state PAC (ID#:)       Amount of Contribution (\$)         Stack, Kayla       S2         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         College Station, TX 77842-0587       Employer (See Instructions)         ant       Insurors Group, LLC         Full name of contributor I out-of-state PAC (ID#:)       Amount of Contribution (\$)         Smith, Stephen       S2,5         Contributor address; City; State; Zip Code       Amount of Contribution (\$)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 43/49 Rpt: 50/63 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/04/2025 Starkey, Spencer \$125.00 6 Contributor address; City; State; Zip Code Houston, TX 77040-6014 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Insurance Agent Hotchkiss Insurance Agency, LLC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/04/2025 Starks, Wanda \$125.00 Contributor address; City; State; Zip Code Carrollton, TX 75007-1960 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Hotchkiss Insurance Agency, LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/04/2025 Stuart, Bobby \$125.00 Contributor address; City; State; Zip Code Lubbock, TX 79424-2335 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Agent Hotchkiss Insurance Agency, LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/11/2025 \$20.00 Surber, Cristina Contributor address; City; State; Zip Code Rockport, TX 78381-1478 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent **GSM** Insurors Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/16/2025 Swonke, Adam \$250.00 Contributor address; City; State; Zip Code Houston, TX 77040-3119 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Insurance** Agent Brady, Chapman, Holland & Associates, Inc.

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 44/49 Rpt: 51/63	
2	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	Political Action Committee Of The Independent Insurance Agents Of Texas			00015593
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	06/04/2025	Thompson, Lezli		\$5.00
		6 Contributor address; City; State; Zip Code		
		-		
		Rockport, TX 78381-1478		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Insurance Ag	gent	GSM Insurors	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/11/2025	Trautmann, Stephen	)	\$500.00
	00/11/2020			
		Contributor address; City; State; Zip Code		
		Rockport, TX 78381-1478		
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Insurance Ag		GSM Insurors Services	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/03/2025	Vacek, Duane		\$125.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77040-6014		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Insurance A	gent	Hotchkiss Insurance Ag	ency, LLC
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/04/2025	Van Horn, Jake		\$25.00
		Contributor address; City; State; Zip Code		
		Carrollton, TX 75007-1960		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Insurance Ag	gent	Hotchkiss Insurance Ag	ency, LLC
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/25/2025	Vardeman, Debbie		\$100.00
		Contributor address; City; State; Zip Code		
		Lorena, TX 76655-3237		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)
			UFG Insurance	,

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 45/49 Rpt: 52/63	
2	FILER NAME	LER NAME			Filer ID (Ethics Commission	n Filers)
	Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/12/2025	Veach, Abigail	/			\$100.00
		6 Contributor address; City; State; Zip Code				• -
		Dallas, TX 75240-1381				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Insurance A		Swingle, Collins & Asso		tes	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/02/2025	Veale, Ed	/		Autorition contraction (1)	\$750.00
	00,01,111	Contributor address; City; State; Zip Code				Ψ1 <b>CO</b>
		CUltinution address, City, State, Zip Code				
		Plano, TX 75025-5342				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Insurance A		Swingle, Collins & Asso		tes	
	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	06/02/2025	Villanueva, Adolfo	,			\$250.00
	00,0					<b>+-</b>
		Edinburg, TX 78541-7162				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A	gent	US Insurance Services,	, Inc	<u>.</u>	
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/02/2025	Villanueva, Ramona				\$250.00
	-	Contributor address; City; State; Zip Code				
		Edinburg, TX 78541-7162				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	s)		
	Insurance Agent US Insurance Service		US Insurance Services,	, Inc	2.	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/25/2025	Vint, Robert				\$100.00
		Contributor address; City; State; Zip Code		"		
		El Paso, TX 79949				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Insurance A	gent	HUB International Insura	anc	e Services	
┢			<u> </u>			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 46/49 Rpt: 53/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Political Acti	on Committee Of The Independent Insurance Agent	ts Of Texas	00015593
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/16/2025	Vozniak, Renee		\$25.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77040-3119		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Insurance A	gent	Brady, Chapman, Hollar	nd & Associates, Inc.
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/16/2025	Wade, Laura		\$20.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77040-3119		
	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	gent	Brady, Chapman, Hollar	nd & Associates, Inc.
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/28/2025	Watkins, Rodney		\$2,500.00
	Contributor address; City; State; Zip Code		
	Mineola, TX 75773	1 <u>.</u>	
	ipation / Job title (See Instructions)	Employer (See Instructions	·)
Insurance A		IAAT	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/24/2025	Weatherby, Kyle		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240-7336		
Principal occu		Employer (See Instructions	<u></u>
Principal occupation / Job title (See Instructions)Employer (See InstructionInsurance AgentSwingle, Collins & Asso			
Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$) \$10.00
00/04/2025	Weems, Lacy		φτ0.00
	Contributor address; City; State; Zip Code		
	Rockport, TX 78381-1478		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
-	Insurance Agent GSM Insurors		,
		<u> </u>	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 47/49 Rpt: 54/63	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	ion Committee Of The Independent Insurance Agen	ts Of Texas	00015593
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
06/25/2025	Wells Wiggins, Catherine		\$100.00
	6 Contributor address; City; State; Zip Code		4
	Dallas, TX 75240-1381		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Insurance A	gent	Swingle, Collins & Asso	ociates
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/20/2025	Wesson, Andrew		\$250.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75240-1381		
	upation / Job title (See Instructions)	Employer (See Instructions	
Insurance A	gent	Swingle, Collins & Asso	ociates
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/29/2025	West, Scott		\$1,000.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77244-1587	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	,
Insurance A		Pathfinder/LL&D Insura	-
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/25/2025	Whitsell, Amanda		\$25.00
	Contributor address; City; State; Zip Code		]
Dringingligge	Dallas, TX 75240-1381		<u> </u>
		Employer (See Instructions Swingle, Collins & Asso	
Insurance A			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/24/2025	Whittlesey, Carrie		\$15.00
	Contributor address; City; State; Zip Code		
	Dallas TV 75340 1291		
Dringing oog	Dallas, TX 75240-1381		-\
Insurance A	upation / Job title (See Instructions)	Employer (See Instructions Swingle, Collins & Asso	

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 48/49 Rpt: 55/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		on Committee Of The Independent Insurance Agent	ts Of Texas		00015593	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/29/2025	Wilkins, Trevor				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75240-1381	-			
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Insurance A	gent	Swingle, Collins & Asso	cia	.tes	
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/04/2025	Williams, Janet				\$20.00
		Contributor address; City; State; Zip Code	1	1		
	- · · ·	Rockport, TX 78381-1478	<u>1                                    </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Insurance A	-	GSM Insurors	—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/13/2025	Williams, Mark				\$100.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79105				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Insurance A	gent	Heritage Risk Managerr	ner	nt, an Alera Group Agency	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/24/2025	Yantis, Gail				\$100.00
		Contributor address; City; State; Zip Code		1		
		Leander, TX 78641-2771				
Γ		upation / Job title (See Instructions)	Employer (See Instructions	5)		<u> </u>
	Insurance A	gent	Gail Brokerage			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	06/17/2025	Yi, John				\$125.00
		Contributor address; City; State; Zip Code		1		
L		Houston, TX 77040-6014				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Insurance A	gent	Hotchkiss Insurance Ag	en	cy, LLC	

MONET	ARY POLITICAL CONTRIBUTIO	INS	SCHEDULE A1
The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 49/49 Rpt: 56/63
2 FILER NAME Political Act	ion Committee Of The Independent Insurance Agents	s Of Texas	3 Filer ID (Ethics Commission Filers) 00015593
4 Date 06/13/2025	6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$10.00
8 Principal occu Insurance A		9 Employer (See Instructions GSM Insurors	s)
Date 06/17/2025	Full name of contributor out-of-state PAC (ID#: Zhuk, Maryana Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$50.00
	Houston, TX 77040-6014		
Principal occu Insurance A	upation / Job title (See Instructions) gent	Employer (See Instructions Hotchkiss Insurance Ag	

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule C3: Sch: 1/1 Rpt: 57/63
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	06/03/2025		Independent Insurance Agents of Texas		830.92

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp	
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	06/25/2025		Independent Insurance Agents of Texas			1,482.12

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: 1/5 Rpt: 59/63	Political Action Committee Of The Independent Insurance 00015593				
4 Date	5 Payee name				
06/16/2025	Angelia Orr Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	PO Box 113				
Expenditure from corporate funds	Itasca, TX 76055				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/16/2025	Dennis Paul Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	626 Barringer Lane				
Expenditure from corporate funds	Webster, TX 77598				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/16/2025	Elect Todd Hunter Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	445 Cape Henry Drive				
Expenditure from corporate funds	Corpus Cristi, TX 78412				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

1

6

8

9

Date

Date

4 Date

#### **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: 2/5 Rpt: 60/63 Political Action Committee Of The Independent Insurance 00015593 5 Payee name 06/16/2025 Giovanni Capriglione Campaign Amount (\$) Payee address; City; State; Zip Code 7 \$500.00 P.O. Box 92007 Expenditure from Southlake, TX 76092 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 Payee name 06/16/2025 Jared Patterson Campaign Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. Box 5419 Expenditure from Frisco, TX 75035 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 Payee name 06/16/2025 Jay Dean for Texas Amount (\$) Payee address; City: State; Zip Code \$500.00 3822 Holly Ridge Drive Expenditure from corporate funds Longview, TX 75605 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: 3/5 Rpt: 61/63	Political Action Committee Of The Independent Insurance 00015593				
4 Date	5 Payee name				
06/16/2025	Jeff Barry Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$3,500.00	PO Box 21				
Expenditure from corporate funds	Pearland, TX 77588				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/16/2025	Jeff Leach Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 866186				
Expenditure from corporate funds	Plano, TX 75086				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/16/2025	John McQueeney Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	P.O. Box 100458				
Expenditure from corporate funds	Fort Worth, TX 76185				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
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					
<b>1</b> Total pages Schedule F1:					
Sch: 4/5 Rpt: 62/63	Political Action Committee Of The Independent Insurance 00015593				
4 Date 06/16/2025	5 Payee name Mary Ann Perez Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	5223 Sleepy Creek Drive				
Expenditure from corporate funds	Houston, TX 77017				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/16/2025	Matt Morgan Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	503 FM 359 STE.130				
Expenditure from corporate funds	Richmond, TX 77406				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/16/2025	Ryan Guillen Campaign				
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 1024				
Expenditure from corporate funds	Austin, TX 78767				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>POLTICAL CONTRIBUTION</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.	
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 63/63	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
06/16/2025	Trey Wharton Campaign
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code PO Box 1242
Expenditure from corporate funds	Huntsville, TX 77342
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held