

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015593		2 Total pages filed: 12	
3 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/04/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 684487 Austin, TX 78768				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Regan M. NICKNAME LAST SUFFIX Ellmer				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1115 San Jacinto Blvd, Suite 100 Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1115 San Jacinto Blvd, Suite 100 Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 493-2454				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 06/26/2025 07/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas		13 Filer ID (Ethics Commission Filers) 00015593
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,540.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,019,866.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Regan M. Ellmer

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas		18 Filer ID (Ethics Commission Filers) 00015593
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,430.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,052.39
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 58.34
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/12
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agness, Chris 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6401	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Agness Insurance Agency, Inc.
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Oscar Contributor address; City; State; Zip Code Pharr, TX 78577-5933	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Olympia Insurance Services, LLC
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertrand, Austin Contributor address; City; State; Zip Code Houston, TX 77040-6014	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hotchkiss Insurance Agency, LLC
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ronnie Contributor address; City; State; Zip Code Aledo, TX 76008-1817	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hotchkiss Insurance Agency, LLC
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnham, Bonita Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/12
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew, Jim <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77292-2022	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Bowen, Miclette & Britt, Inc.
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmiston, Lexanne <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Samantha <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-3474	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Texas Mutual Insurance Co.
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Savanah <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/12
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Regina <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grube, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-3474	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Texas Mutual Insurance Co.
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Christina <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinsley Jr, John <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711-7280	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Ark Assurance Group, Inc.
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Tim <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TKLS, LLC / Allabout Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/12
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Tim <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-3308	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) TKLS, LLC / Allabout Insurance
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Tim <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) TKLS, LLC / Allabout Insurance
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutto, Jackson <hr/> Contributor address; City; State; Zip Code Llano, TX 78643-2901	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hutto & Dalchau Insurance Agency
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, J. <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548-7201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) MILLER & COMPANY, JIL, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/12
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kelly 6 Contributor address; City; State; Zip Code Bartonville, TX 76226-7014	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Waves Insurance Services, LLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Donald Contributor address; City; State; Zip Code Texarkana, TX 75503-1605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Offenhauser & Company
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Amber Contributor address; City; State; Zip Code Houston, TX 77040-6014	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Hotchkiss Insurance Agency, LLC
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Van Contributor address; City; State; Zip Code Dallas, TX 75240-1381	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swingle, Collins & Associates
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Ben Contributor address; City; State; Zip Code Richardson, TX 75080-2784	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Patterson & Associates Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/12
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Marit <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768-4487	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President CEO		9 Employer (See Instructions) Independent Insurance Agents of Texas
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, Jared <hr/> Contributor address; City; State; Zip Code Galveston, TX 77552-6767	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Galveston Insurance Associates
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satre, Tim <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Cravens Insurance Group LLC
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, Jeanie <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Susan <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) C A Ross Insurance Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/12
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbantke, Jared 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-7710	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) C A Ross Insurance Agency, LLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Dianne Contributor address; City; State; Zip Code Beaumont, TX 77706-7104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Cravens Insurance Group LLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Don Contributor address; City; State; Zip Code San Antonio, TX 78217-6217	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Whitaker Insurance Associates, Inc.

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: 11/12

2 FILER NAME

Political Action Committee Of The Independent Insurance Agents Of Texas

3 Filer ID (Ethics Commission Filers)
00015593

4 Date

07/03/2025

5 Corporation / Labor Organization name

Independent Insurance Agents of Texas

6 Amount (\$)

2,052.39

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 12/12

2 FILER NAME

Political Action Committee Of The Independent Insurance Agents Of Texas

3 Filer ID (Ethics Commission Filers)
00015593

4 Date

07/25/2025

5 Corporation / Labor Organization name

Independent Insurance Agents of Texas

6 Amount (\$)

58.34