

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00015593		<b>2</b> Total pages filed: 7		<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas				Date Received ELECTRONICALLY FILED 09/04/2025	
<b>4</b> TREASURER NAME Ellmer, Regan M. (Mr.)				Date Hand-delivered or Date Postmarked	
<b>5</b> ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input checked="" type="checkbox"/> Other (specify) <u>September 5</u>	
<b>6</b> ORIGINAL PERIOD COVERED		Month Day Year 07/26/2025		Month Day Year THROUGH 08/25/2025	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

**7 EXPLANATION OF CORRECTION**  
Due to a 10-day treasurer termination report that was filed on 8/19/25. We received one incoming contribution on 8/22/25 after the report was filed.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Marit Peters  
\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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: 7	
3 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas				<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 09/04/2025  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) 476-6281 x2422				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input checked="" 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 type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month    Day    Year                      THROUGH                      Month    Day    Year 07/26/2025                      08/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Political Action Committee Of The Independent Insurance Agents Of Texas		<b>13 Filer ID</b> (Ethics Commission Filers) 00015593
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,670.53
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,025,021.31
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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**  
4 of 7

<b>17 COMMITTEE NAME</b> Political Action Committee Of The Independent Insurance Agents Of Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00015593
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,280.00
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	\$ 313.69
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 76.84
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 5/7
<b>2</b> FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00015593
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77552	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Galveston Insurance Associates
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keetch, Kevin <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78463-3280	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Keetch & Associates Insurance
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medlin, Alex <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024-6640	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Scarbrough, Medlin & Associates, Inc.
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padron, Juan <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Padron Insurance Agency, Inc.
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Donna <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-2030	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Dean & Draper

# 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: 6/7

2 FILER NAME

Political Action Committee Of The Independent Insurance Agents Of Texas

3 Filer ID (Ethics Commission Filers)  
00015593

4 Date

08/04/2025

5 Corporation / Labor Organization name

Independent Insurance Agents of Texas

6 Amount (\$)

313.69

# 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: 7/7

2 FILER NAME

Political Action Committee Of The Independent Insurance Agents Of Texas

3 Filer ID (Ethics Commission Filers)  
00015593

4 Date

08/15/2025

5 Corporation / Labor Organization name

Independent Insurance Agents of Texas

6 Amount (\$)

76.84