#### CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

#### FORM COR-PAC

L Filer ID (Eth	nics Commission Filers)	2 Total pages filed:			I OFFICE	USE ONLY
00015593	•	7			Date Received	
3 COMMITTEE NAME	Political Action Commi	ttee Of The Independ	dent Insurance Ag	ents Of Texas	ELECTRONIC	ALLY FILED
					09/04/2025	
I TREASURER NAME	Ellmer, Regan M. (Mr.	)			Date Hand-delivered	or Date Postmarked
5 ORIGINAL	January 15	Run	off			or Bato i odinamou
REPORT TYPE	July 15	=	day after campaign tre	asurer resignation	Receipt #	Amount
	30th day before election	n Diss	solution report	-		
	8th day before election	X Othe	er (specify) Septemb	er 5	Date Processed	
6 ORIGINAL PERIOD	Month Day Ye	ar	Month Day	Year	Date Imaged	
COVERED	07/26/2025	THROUGH	08/25/2025	;	Date imaged	
' EXPLANATION OF (	CORRECTION					
AFFIDAVIT						
AFFIDAVIT		and	rear, or affirm, under correct.			ed report is true
B AFFIDAVIT		and				ed report is true
3 AFFIDAVIT		and	correct.	ny and all applicat rts: I swear or a faith and without	ole statements: affirm, that the orig an intent to mislea	ginal report
AFFIDAVIT		and	correct.  cck the box next to an  Semiannual report was made in good	ny and all applicate  rts: I swear or a faith and without information contain. I swear, or affirm, in the 14th busines originally filed is in that any error or or	ole statements:  affirm, that the original an intent to misleated in the report.  that I am filing this so day after the day accurate or incom	ginal report ad or to s corrected ate I learned uplete. I
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AFFIX NOTARY ST	cribed before me, by the sa	and Che	Semiannual reports made in good misrepresent the ir  Other reports: report not later that that the report as consumers, or affirm, the filed was made in good significant that the swear, or affirm, the filed was made in good significant that the report as consumers.	rts: I swear or a faith and without information contain. I swear, or affirm, in the 14th busines originally filed is in last any error or om good faith.  Mrs. Marit P gnature of Campai	affirm, that the orig an intent to misleated in the report.  that I am filing this ss day after the da accurate or incomnission in the report	ginal report ad or to s corrected ate I learned plete. I rt as originally

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	•	OFFICE USE ONLY				
Political Action Cor	mmittee Of The Independent Insurance Agents Of Texas	Date Received				
		ELECTRONICALLY FILED				
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP	09/04/2025				
ADDRESS	P.O. Box 684487					
	P.O. BOX 004467					
	Austin, TX 78768					
5 CAMPAIGN	MS / MRS / MR FIRST MI	Date Hand-delivered or Date Postmarked				
TREASURER		Receipt # Amount				
NAME	Mr. Regan M.	receipt π / mount				
		Date Processed				
	NICKNAME LAST SUFFIX	1				
	Ellmer	Date Imaged				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STA	ATE; ZIP CODE				
TREASURER STREET	1115 San Jacinto Blvd, Suite 100					
ADDRESS						
(Residence or Business)	Austin, TX 78701					
7 CAMPAIGN		ATE; ZIP CODE				
TREASURER	1115 San Jacinto Blvd, Suite 100					
MAILING ADDRESS	Tito our sasmo siva, sance 255					
, , , , , , , , , , , , , , , , , , , ,	Austin, TX 78701					
2 CAMPAICNI						
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION					
PHONE	(512) 476-6281 x2422					
9 REPORT TYPE						
9 KEPUKITIFE	X Monthly  10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)				
	treasurer termination –	<u>-</u>				
10 MONTHLY  REPORT FILING	January 5 April 5 July 5	October 5				
DEADLINE		<u> </u>				
	February 5 May 5 August 5	November 5				
	March 5 June 5 X September 5	December 5				
Mark Bay Van						
11 PERIOD COVERED	Month Day Year Month	Day Year				
	07/26/2025 08/25/2	.025				
	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 Comm	ittee Of The Independen	t Insurance Agents Of Texas	0001559	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,670.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	1,025,021.31
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation requir	e accompanying report is ed to be reported by me
		Mr. Regan	M. Ellmer	
		Signature of Car		
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, th	is the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of of	ficer administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

		4 of 7
17 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	L <b>8</b> Filer ID 00015593	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 3,280.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	?	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAT LABOR ORGANIZATION	TION OR	\$
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGAI	NIZATION	<b>\$</b> 313.69
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 76.84
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OF	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	<b>\$</b>
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ETURNED	\$

	MONEI	ARY POLITICAL CONTRIBU	HOI	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/7	
2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Political Action	Political Action Committee Of The Independent Insurance Agents Of Texas				00015593	
4	Date 08/22/2025	<ul> <li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Galveston, TX 77552					
8	Principal occu	I pation / Job title (See Instructions)	9	Employer (See Instructions	<u>I                                     </u>		
	Insurance Aç			Galveston Insurance As		ciates	
	Date	Full name of contributor  out-of-state PAC	C (ID#:		Т	Amount of Contribution (\$)	
	08/18/2025	Keetch, Kevin	, (ID#	)		Amount of Continuation (4)	\$500.00
	00/10/2023				-		Ψ500.00
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78463-3280					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	3) 		
	Insurance Ag			Keetch & Associates Ins		ance	
	Date		2 (10#)		_	Amount of Contribution (\$)	
	08/04/2025	Full name of contributor out-of-state PAC  Medlin, Alex	, (ID#:	)		Amount of Continuution (\$)	\$2,500.00
	00/04/2023	·			-		Ψ2,300.00
		Contributor address; City; State; Zip Code					
		Plano, TX 75024-6640					
	Principal occu	L pation / Job title (See Instructions)		Employer (See Instructions	<u>I                                     </u>		
	Insurance Aç	,		Scarbrough, Medlin & A	•	ociates, Inc.	
	Date	Full name of contributor  out-of-state PAC	C (ID#:		Т	Amount of Contribution (\$)	
	08/03/2025	Padron, Juan	, (ID#			Amount of Contribution (4)	\$150.00
	00/03/2023				-		Ψ130.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Insurance Aç	gent		Padron Insurance Agen		Inc.	
	Date	Full name of contributor  out-of-state PAC	C (ID#:		Ť	Amount of Contribution (\$)	
	07/28/2025	Reid, Donna	, (ID#			Amount of Contribution (4)	\$30.00
	0112012020				1		Ψ00.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77098-2030					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> s)		
	Insurance A			Dean & Draper	-,		
		<b>,</b>					

#### MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.		1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 6/7	
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 (\$)	
	08/04/2025		Independent Insurance Agents of Texas			313.69

## NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 Date 5 Corporation / Labor Organization name 6 Amount (\$) 08/15/2025 76.84 Independent Insurance Agents of Texas