FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015593 3 COMMITTEE NAME **OFFICE USE ONLY** Political Action Committee Of The Independent Insurance Agents Of Texas Date Received **ELECTRONICALLY FILED** 11/04/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 684487 Austin, TX 78768 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mrs. Marit NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Peters CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1115 San Jacinto Blvd Suite 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1115 San Jacinto Blvd Suite 100 MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER**

10th day after campaign

July 5

August 5

September 5

Month

10/25/2025

Day

treasurer termination

Month

09/26/2025

(512) 476-6281 x2422

X Monthly

January 5

February 5

Year

March 5

Day

PHONE

10 MONTHLY

11 PERIOD

COVERED

REPORT TYPE

REPORT FILING DEADLINE

April 5

May 5

June 5

THROUGH

Dissolution (Attach PAC-DR)

October 5

November 5

December 5

Year

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME Political Action Committee Of The Independent Ins		13 Filer ID 0001559	(Ethics Commission Filers)			
						
4 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)	Supported Rafael Anchia State Represen	tative				
(Attach lists on plain paper to complete this report if necessary.)	Opposed					
	Supported					
(Describe by date and location of election and nature of issue.)						
В.	Opposed					
3. Officeholders						
Assisted (Identify by name or, if applicable, classify by party.)						
TOTALS PLEDGES, LOANS, OR C CONTRIBUTIONS MADE	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Check here if this report qualifies for the higher itemization threshold					
2. TOTAL POLITICAL CO	ONTRIBUTIONS	\$	1 705 00			
(OTHER THAN PLEDGE:	S, LOANS, OR GUARANTEES OF LOANS)		1,725.83			
EXPENDITURE 3. TOTAL UNITEMIZED PO TOTALS	LITICAL EXPENDITURES	\$	0.00			
4. TOTAL POLITICAL EX	(PENDITURES	\$	56,000.00			
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTION OF THE REPORTING PE	TRIBUTIONS MAINTAINED AS OF THE LAST PRIOD	DAY \$	1,006,466.04			
OUTSTANDING 6. TOTAL PRINCIPAL AMO LOAN TOTALS LAST DAY OF THE REPO	UNT OF ALL OUTSTANDING LOANS AS OF T ORTING PERIOD	HE \$	0.00			
6 AFFIDAVIT						
	I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.					
	Mrs. Ma	rit Peters				
	Signature of Car	mpaign Trea	asurer			
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said	, tł	nis the	day			
of, 20, to certify which						
Signature of officer administering oath Print	ed name of officer administering oath	Title of c	officer administering oath			

olitical Action Committee	e Of The Independent	Insurance A	Agents Of Texas		00015593	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Elizabeth Car	mpos State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	I			
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	I			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed David Cook S	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	I			
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	I			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Richard Haye	s State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	I			
	Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed			
		B. Opposed	I			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	t Insu	ırance Ag	ents Of Texas	00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Christian Manuel State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
		B. C	Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. S	Supported	Ana Hernandez State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
		B. C	Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Cassandra Hernandez State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
		B. C	Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

2 COMMITTEE NAME						12 Eilor ID	Page 5 of 42 (Ethics Commission Filers)
Properties NAME Dilitical Action Committee	e Of The Independent	t Insurance	e Age	ents Of Texas		13 Filer ID 00015593	(Ethics Commission Filers)
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Janis Holt State	Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted				
		B. Oppos	ed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Stan Kitzman St	ate Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed				
	Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted				
		B. Oppos	ed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	rted	Janie Lopez Sta	te Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted				
		B. Oppos	ed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

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2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	Of The Independent	_			00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	John McQueeney State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
	,	B. C	Opposed			
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	+				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Don McLaughlin State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
		B. C	Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates	+	···nnorted	Odi Nobla Stata Danraci		
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		зирропеч	Candy Noble State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
	Haure or issue,	B. C	Opposed			
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	.)				

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L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Political Action Committee	e Of The Independent	t Insurance A	gents Of Texas	00015593	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angelia Orr State Represer	ntative	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jared Patterson State Repr	esentative	
		B. Opposed			
	2. 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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mihaela Plesa State Repres	sentative	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
olitical Action Committee	Of The Independent	t Insurar	nce Age	ents Of Texas		00015593	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Toni Rose Sta	te Representative		
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed				
	2. Measures	A. Sup	ported				
	(Describe by date and location of election and nature of issue.)				,		
		В. Орр	osed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Sup	ported	Jackie Schlege	el State Represen	itative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed				
	Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported				
		В. Орр	osed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE	Candidates	 	norted	Chris Turner 5	State Representati	iv/0	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		porce.	Ollis rumo. c	late reprosensus	ve	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported				
		В. Орр	osed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					

2 COMMITTEE NAME						12			ige 9 of 42
2 COMMITTEE NAME olitical Action Committee	e Of The Independent	t Insurance	Agents	Of Texas			Filer ID 00015593	(Ethics Comm	ission Fliers)
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted Keit	h Bell Sta	ate Represent	tative			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed .						
	Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted						
		B. Oppose	ed						
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	ted Ces	ar Blanco	State Repre	sentative			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted						
		B. Oppose	- ed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	ted Ang	jie Button	State Repres	sentative			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted						
		B. Oppose	ed						
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)								

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12 COMMITTEE NAME					13 Filer II	D (Ethics Commission Filers)
Political Action Committee					0001	5593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ben Bumgar	ner State Rep	oresentative		
(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					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Drew Darby	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					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		jay Dean 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.)						
		•					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	t Insurance Ag	ents Of Texas		00015593	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.))	Caroline Fairly	/ 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Trey Martinez	State Represent	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdes	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				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	•	•				

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				13 Filer ID	(Ethics Commission Filers)
e Of The Independent	t Insurance Ag	ents Of Texas		00015593	
Candidates (Identify by name or, if applicable, classify by party.)		Bob Hall State	Senator		
	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.))				
Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer	State Represer	ntative	
	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.)					
1. Candidates	A. Supported	Tom Oliverson	State Represer	ntative	
	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					
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported 5. Deposed 6. Supported 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 9. A. Supported (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed	Cleantify by name or, if applicable, classify by party.	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Morgan Meyer State Represer (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Tom Oliverson State Represer (Identify by name or, if applicable, classify by party.) B. Opposed 5. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Tom Oliverson State Represer (Identify by name or, if applicable, classify by party.) B. Opposed 7. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 8. Opposed 7. Supported Tom Oliverson State Represer (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed	e of The Independent Insurance Agents Of Texas 1. Candidates (dentify by name or, if applicable, classify by parry.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by parry.) 4. Supported Morgan Meyer State Representative (dentify by name or, if applicable, classify by parry.) 5. Candidates (Describe by date and location of election and nature of issue.) 6. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 8. Opposed 8. Opposed 9. Opposed 9. Opposed 1. Candidates (dentify by name or, if applicable, classify by parry.) 8. Opposed 9. Opposed 1. Candidates (dentify by name or, if applicable, classify by parry.) 8. Opposed 9. Opposed 1. Candidates (dentify by name or, if applicable, classify by parry.) 8. Opposed 1. Candidates (dentify by name or, if applicable, classify by parry.) 8. Opposed 1. Candidates (dentify by name or, if applicable, classify by parry.) 8. Opposed 1. Candidates (dentify by name or, if applicable, classify by parry.) 8. Opposed 1. Candidates (dentify by name or, if applicable, classify by parry.) 8. Opposed

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L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent	Insurance A	gents Of Texas		00015593	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		d Matt Shaheen	State Representa	itive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported	d			
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	<u> </u>	Jeff Leach Stat	e Renresentative	ı	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		och Eddon Old	o 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	d			
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Will Metcalf Sta	ate Representativ	e	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(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	d			
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
	applicable, classify by party.)	1				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent				00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trent Ashby 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	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen	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				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner 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.)					
	applicable, classify by party.)					

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2 COMMITTEE NAME							13 Filer ID	(Ethics Com	mission Filers)
Political Action Committee	Of The Independent	Insurance	Agents	of Texas			00015593	3	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed To	dd Hunter	State Rep	resentativ	re		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d						
	2. Measures	A. Suppor	ed						
	(Describe by date and location of election and nature of issue.)								
		B. Oppose	d						
	3. Officeholders Assisted								
	(Identify by name or, if applicable, classify by party.)								
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	ed Bro	ent Hagenl	ouch State	Represe	ntative		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d						
	Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ed						
		B. Oppose	d						
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))							
COMMITTEE	1. Candidates	A. Suppor	ed Ph	il King Sta	ite Senator				
ACTIVITY	(Identify by name or, if applicable, classify by party.)			3	•				
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ed						
		B. Oppose	d						
	3. Officeholders Assisted								
	(Identify by name or, if applicable, classify by party.)								

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			13 Filer ID	(Ethics Commission Filers)
e Of The Independent	Insurance Agents O	of Texas	00015593	
Candidates (Identify by name or, if applicable, classify by party.)		Parker State Senator	r	
	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.)				
Candidates (Identify by name or, if applicable, classify by party.)		n Zaffirini State Sen	ator	
	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.)				
Candidates (Identify by name or, if	A. Supported Royce	e West State Senato	or	
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Juditify A. Supported Juditify B. Opposed A. Supported Juditify B. Opposed A. Supported Juditify A. Supported A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Royc Juditify A. Supported B. Opposed	Composed	Be Of The Independent Insurance Agents Of Texas 1. Candidates (definity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (definity by name or, if applicable, classify by party.) B. Opposed 4. Supported Judith Zaffirini State Senator (definity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (definity by name or, if applicable, classify by party.) B. Opposed 1. Candidates (definity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (definity by name or, if applicable, classify by party.) B. Opposed 4. Supported Royce West State Senator Condidates (definity by name or, if applicable, classify by party.) B. Opposed 5. Opposed 6. Opposed 7. Candidates (definity by name or, if applicable, classify by party.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 8. Opposed 9. Opposed 1. Candidates (definity by name or, if applicable, classify by party.) B. Opposed

						Page 17 of 42
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent				00015593	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dustin Burrows	State Represent	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	Candidates (Identify by name or, if applicable, classify by party.)		Donna Campbel	I 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Adam Hinojosa	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.)					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	l				

						Page 18 of 42
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee	Of The Independent				00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brian Hughes	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	Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Perry	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.)					
	epphotose, statisty by party.)	1				

						Page 19 of 42
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Political Action Committee					00015593	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul S	tate 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Schwe	rtner State Sena	tor	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kelly Hancock	Comptroller		
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 20 of 42 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Political Action Committee Of The Independent Insurance Agents Of Texas 00015593 14 COMMITTEE 1. Candidates A. Supported Leigh Wambsganss State Representative **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

21 of 42						
	7 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas 18 Filer ID 00015593					
	JLE SUBTOTALS F SCHEDULE		SUB	FOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	104.84		
7. X	\$	1,595.99				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	\$				
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	56,000.00		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 22/42
2	FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas	3	Filer ID (Ethics Commission Filers) 00015593
4	Date 10/14/2025 Full name of contributor out-of-state PAC (ID#:) Ramirez, Nadia 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$25.00
8	Horizon City, TX 79928 Principal occupation / Job title (See Instructions) Producer 9 Employer (See Instruction Allianze Insurance Age		,

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: 23/42		
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 (\$)	
	10/03/2025		Independent Insurance Agents of TX			104.84

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: 24/42 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 (\$) 1,595.99 10/25/2025 Independent Insurance Agents of TX

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 1/18 Rpt: 25/42	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/01/2025	Adam Hinojosa Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/01/2025	Ana Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 15538
Expenditure from corporate funds	Houston, TX 77220
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	POLITICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/01/2025	Angelia Orr Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 113
Expenditure from	
corporate funds	Itasca, TX 76055
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	FOLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/18 Rpt: 26/42	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
10/01/2025	Angie Chen Button Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 832748
Expenditure from corporate funds	Richardson, TX 75083
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Ben Bumgarner for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2201 Spinks Rd., Suite 250
Ψ500.00	2201 Spiriks Na., Suite 250
Expenditure from corporate funds	Flower Mound, TX 75022
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Bob Hall Campaign
	· · ·
Amount (\$)	
\$500.00	P.O. Box 821349
Expenditure from corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/18 Rpt: 27/42	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/01/2025	Brent Hagenbuch Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	2800 Shoreline Drive Suite 310
Expenditure from corporate funds	Denton, TX 76210
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Brian Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 450
Expenditure from corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1105 E. Main St., Suite 223
— Foresanditure Cons	
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/18 Rpt: 28/42	Political Action Committee Of The Independent Insurance 00015593	
4 Date	5 Payee name	
10/01/2025	Caroline Fairly for Texas Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	PO Box 20445	
Expenditure from corporate funds	Amarillo, TX 79144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	POLITICAL CONTRIBUTION	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
10/01/2025	Cassandra Hernandez for Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	P.O. Box 1289	
Expenditure from		
corporate funds	Addison, TX 75001	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION	
	POLITICAL CONTRIBUTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
Date	Payee name	
10/01/2025	Cesar Blanco for Texas Senate	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 929	
Evpanditura from		
Expenditure from corporate funds	El Paso, TX 79946	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
0 1: 0:::::::::::::::::::::::::::::::::		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 5/18 Rpt: 29/42	Political Action Committee Of The Independent Insurance 00015593	
4 Date	5 Payee name	
10/06/2025	Charles Perry Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	P.O. Box 94806	
Expenditure from corporate funds	Lubbock, TX 79493	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
10/01/2025	Chris Turner Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	PO Box 182093	
Expenditure from corporate funds	Arlington, TX 76096	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Operated Objects "	Our didn't 10ff a halden name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/06/2025	Christian Manuel Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	2300 Hwy 365 Suite 360	
Expenditure from corporate funds	Nederland, TX 77627	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/18 Rpt: 30/42	Political Action Committee Of The Independent Insurance 00015593	
4 Date	5 Payee name	
10/01/2025	Cole Hefner Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 167	
Expenditure from corporate funds	Mount Pleasant, TX 75456	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
10/06/2025	David Cook Republican for Texas Senate	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	309 E. Broad St.	
Expenditure from corporate funds	Mansfield, TX 76063	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LA LABITORL	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
- p - 1.13.12 12 20.10.11 3701		
Date	Payee name	
10/01/2025	Dennis Paul Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	626 Barringer Lane	
Expenditure from corporate funds	Webster, TX 77598	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 7/18 Rpt: 31/42	Political Action Committee Of The Independent Insurance 00015593	
4 Date	5 Payee name	
10/01/2025	Don McLaughlin Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	P.O. Box 170	
Expenditure from corporate funds	Uvalde, TX 78802	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
10/06/2025	Drew Darby Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 3284	
Expenditure from corporate funds	San Angelo, TX 76902	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/01/2025	Dustin Burrows Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	PO BOX 2569	
Expenditure from corporate funds	Lubbock, TX 79408	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:			
Sch: 8/18 Rpt: 32/42	Political Action Committee Of The Independent Insurance 00015593		
4 Date	5 Payee name		
10/01/2025	Elect Todd Hunter Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	445 Cape Henry Drive		
Expenditure from corporate funds	Corpus Christi, TX 78412		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		
	POLTICAL CONTRIBUTION		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/01/2025	Elizabeth "Liz" Campos Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	1028 Rigsby		
Ψ200.00	19-5 (Ng55)		
Expenditure from corporate funds	San Antonio, TX 78210		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	POLTICAL CONTRIBUTION		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Data			
Date	Payee name		
10/06/2025	Friends of Donna Campbell		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,500.00	1308 Common St., Suite 205 Box 719		
Expenditure from corporate funds	New Braunfels, TX 78130		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	POLTICAL CONTRIBUTION		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	experiuritire to beriefit C/On		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F1: Sch: 9/18 Rpt: 33/42	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593	
4 Date	5 Payee name	
10/01/2025	Friends of Tom Oliverson	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	1 E Greenway Plaza	
Expenditure from corporate funds	Houston, TX 77046	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	POLTICAL CONTRIBUTION	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/01/2025	Greg Bonnen Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 1183	
4000.00	. 6 26/. 2266	
Expenditure from corporate funds	Friendswood, TX 77549	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/06/2025	Holt for Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	P.O. Box 1311	
+ 200.00	1.0.200.2022	
Expenditure from corporate funds	Silsbee, TX 77656	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
Di Libilone	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
•	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 10/18 Rpt: 34/42	Political Action Committee Of The Independent Insurance 00015593	
4 Date	5 Payee name	
10/01/2025	Janie Lopez for Texas House	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	PO BOX 2073	
Expenditure from corporate funds	San Benito, TX 78586	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	
10/01/2025	Jared Patterson for State House	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	P.O. Box 5419	
Expenditure from corporate funds	Frisco, TX 75035	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	POLTICAL CONTRIBUTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	
10/01/2025	Jay Dean Campaign (Transparency USA)	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	3822 Holly Ridge	
φ250.00	3022 Holly Ridge	
Expenditure from		
corporate funds	Longview, TX 75605	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Operation Children	Our Highest (Office health an array of the constitution of the con	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 11/18 Rpt: 35/42	Political Action Committee Of The Independent Insurance 00015593	
4 Date	5 Payee name	
10/01/2025	Jeff Leach Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	PO Box 866186	
Expenditure from corporate funds	Plano, TX 75086	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
10/01/2025	Joan Huffman Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$750.00	3733-1 Westheimer, Suite #40	
Expenditure from corporate funds	Houston, TX 77027	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
Commission ONII V if dispose	Condidate/Office helder name Office accords	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/06/2025	John McQueeney Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	P.O. Box 100458	
- Foresanditure Cons		
Expenditure from corporate funds	Fort Worth, TX 76185	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EAFEINDITURE	Candidate/Officeholder/Political Committee	
	POLTICAL CONTRIBUTION	
0 1: 0:::::::::::::::::::::::::::::::::		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/18 Rpt: 36/42	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/01/2025	Keith Bell Campaign
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Leigh Wambsganss Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 94017
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Matt Shaheen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	941 N Coleman St., Suite 160
Expenditure from corporate funds	Prosper, TX 75078
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 13/18 Rpt: 37/42	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4	Date	5 Payee name
•	10/01/2025	Mihaela Plesa Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 796311
	Expenditure from corporate funds	Dallas, TX 75248
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/06/2025	Morgan Meyer for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3838 Oak Lawn Ave., Suite 400
	Expenditure from corporate funds	Dallas, TX 75219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		POLTICAL CONTRIBUTION
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2025	Phil King Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 1913
	- Consorditure from	
	Expenditure from corporate funds	Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense POLTICAL CONTRIBUTION
		T DETIGNE CONTRIBUTION
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/18 Rpt: 38/42	Political Action Committee Of The Independent Insurance 00015593
4	Date	5 Payee name
	10/01/2025	Rafael Anchia for Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	PO Box 4468
	Expenditure from corporate funds	Dallas, TX 75208
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		POLTICAL CONTRIBUTION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	10/01/2025	Richard Hayes Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 2818
	Expenditure from corporate funds	Denton, TX 76202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		POLITICAL CONTRIBUTION
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	10/01/2025	Royce West Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	320 S R L Thornton Freeway Service Rd.
	Expenditure from corporate funds	Dallas, TX 75203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Dona
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		POLTICAL CONTRIBUTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/18 Rpt: 39/42	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/06/2025	Royce West Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	320 S R L Thornton Freeway Service Rd.
Expenditure from corporate funds	Dallas, TX 75203
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/01/2025	Stan Gerdes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	P.O. Box 16060
Expenditure from corporate funds	Smithville, TX 78957
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	FOLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/01/2025	Stan Kitzman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 553
— Formandikum forma	
Expenditure from corporate funds	Pattison, TX 77466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	FOLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/18 Rpt: 40/42	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/01/2025	Tan Parker Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Texans for Charles Schwertner
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 2448
Ψ1,000.00	1 O BOX E-10
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Davida nama
	Payee name Toyone for Joskie Schlogel
10/06/2025	Texans for Jackie Schlegel
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	4909 Wareham Drive
Expenditure from corporate funds	Arlington, TX 76017
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total marian Cabadida F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 17/18 Rpt: 41/42	2 FILER NAME Political Action Committee Of The Independent Insurance 3 Filer ID (Ethics Commission Filers) 00015593
4 Date	5 Payee name
10/06/2025	Texans for Kelly Hancock
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 821349
+ 200.00	1 0 50X 0==0 10
Expenditure from corporate funds	North Richard Hills, TX 76182
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/06/2025	Texans for Trent Ashby
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 412
Expenditure from corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Texas Senator Zaffirini Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 627
Ψ1,000.00	1 O BOX 021
Expenditure from corporate funds	Laredo, TX 78042
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EAFEINDITURE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/18 Rpt: 42/42	Political Action Committee Of The Independent Insurance 00015593
4 Date	5 Payee name
10/01/2025	The Toni Rose Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	PO Box 41867
— Foresteller of forest	
Expenditure from corporate funds	Dallas, TX 75241
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2025	Trey Martinez Fischer Campaign
Amount (\$)	
\$250.00	104 Babock
Expenditure from	
corporate funds	San Anotonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	POLTICAL CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioritine to benefit C/O	
Date	Payee name
10/01/2025	Will Metcalf Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 454
φοσοίοσ	
Expenditure from	O TV 77005
corporate funds	Conroe, TX 77305
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	I SETIONE SONTRIBUTION
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