

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			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/03/2026 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 Mrs.	FIRST Marit			MI MI		
	NICKNAME	LAST Peters			SUFFIX		
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 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 checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	26	2026		02	25	2026

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
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12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dan Patrick Lieutenant Governor
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,493.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 827,170.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

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

SUBTOTALS - MPAC**FORM MPAC**
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17 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas		18 Filer ID 00015593	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	100.00
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	\$	74.99
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	1,318.62
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	25,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Maria 6 Contributor address; City; State; Zip Code Deer Park, TX 77536-4177	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Kicker Insurance Services Inc.

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 5/7
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/03/2026	5 Corporation / Labor Organization name IMPACT CC Fees	6 Amount (\$) 74.99

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: 6/7
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/25/2026	5 Corporation / Labor Organization name Independent Insurance Agents of TX	6 Amount (\$) 1,318.62

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	2 FILER NAME Political Action Committee Of The Independent Insurance	3 Filer ID (Ethics Commission Filers) 00015593
4 Date 02/05/2026	5 Payee name Texans for Dan Patrick	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 685085 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held