

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas	13 Filer ID (Ethics Commission Filers) 00015593
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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
		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)	\$ 5,574.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 834,081.01
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

17 COMMITTEE NAME Political Action Committee Of The Independent Insurance Agents Of Texas		18 Filer ID (Ethics Commission Filers) 00015593
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,030.00
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	\$ 79.26
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 464.78
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/9
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Lane	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Celina, TX 75009-1487		
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Roach Howard Smith & Barton
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allums, Grady	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Dallas, TX 75231-6458		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averitt, Kelsey	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Dallas, TX 75214-2138		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broome, Michelle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fort Worth, TX 76107-8000		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bump, Denise	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75231-6458		
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croy, Shellie	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75231-6458	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Roach Howard Smith & Barton
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galati, Nicholas	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-8000	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, John	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-6458	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughston, Tom	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-6458	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Doug	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-6458	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClenahan, Spencer <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231-6458	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Roach Howard Smith & Barton
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Julia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-6458	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Sebastian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-1861	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silgero, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78768-4487	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Independent Insurance Agents of Texas
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Brian <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-8000	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, Will <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-8000	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Roach Howard Smith & Barton
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodruff, Courtney <hr/> Contributor address; City; State; Zip Code Allen, TX 75002-1547	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Roach Howard Smith & Barton

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: 8/9
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/03/2026	5 Corporation / Labor Organization name Independent Insurance Agents of Texas	6 Amount (\$) 79.26

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: 9/9
2 FILER NAME Political Action Committee Of The Independent Insurance Agents Of Texas		3 Filer ID (Ethics Commission Filers) 00015593
4 Date 03/25/2026	5 Corporation / Labor Organization name Independent Insurance Agents of TX	6 Amount (\$) 464.78