MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this	s form. 1 Filer ID (Ethics Commission Filers) 00015672	2 Total pages filed: 21
3 COMMITTEE NAME			OFFICE USE ONLY
Wholesale Beer D	istributors Of Texas PAC		
			Date Received ELECTRONICALLY FILED 01/05/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUIT	E #; CITY; STATE; ZIP	
ADDRESS	823 Congress Ave., Ste.1313		
Change of Addres	⁵ Austin, TX 78701-2429		Date Lland delivered or Date Destroyled
5 CAMPAIGN		IRST MI	Date Hand-delivered or Date Postmarked
TREASURER			Receipt # Amount
NAME	Mr. T	om	Receipt# Anount
			Date Processed
		AST SUFFIX	
		pilman	Date Imaged
	3	piinan	Dale mayeu
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PI	LEASE); APT / SUITE #; CITY; ST.	ATE; ZIP CODE
STREET	823 Congress Ave., Ste. 1313		
ADDRESS			
(Residence or Business)	Austin, TX 78701-2429		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	823 Congress Ave., Ste. 1313		,
MAILING ADDRESS	626 Congress / Wei, Cite. 1016		
	^s Austin, TX 78701-2429		
8 CAMPAIGN	AREA CODE PHONE NUI	MBER EXTENSION	
TREASURER			
PHONE	(512) 476-0697		
9 REPORT TYPE			
	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY REPORT FILING	X January 5	April 5 July 5	October 5
DEADLINE			
	February 5	May 5 August 5	November 5
	March 5	June 5 September 5	December 5
11 PERIOD	Month Day Year	Month	Day Year
COVERED	11/26/2023	THROUGH 12/25/2	
	1		
		GO TO PAGE 2	
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	Version V3.5.1.f1b8c3f1
. enne provided by It			* CI SIGIT * CI SI TI TI DOCOIT

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	er ID	(Ethics Commission Filers)
Wholesale Beer Distribu	itors Of Texas PAC			000	015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Paul Dyson State Re	epresentative		
(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.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTE ADE ELECTRO		R THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		TIONS OR GUARANTEES OF L	.OANS)	\$	58,688.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
	4. TOTAL POLITICAL EXPENDITURES				\$	49,625.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		IS MAINTAINED AS OF 1	THE LAST DAY	\$	273,908.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE I		LL OUTSTANDING LOAN ERIOD	IS AS OF THE	\$	0.00
16 AFFIDAVIT					-	
		tr	swear, or affirm, under pe ue and correct and includ nder Title 15, Election Co	les all information	hat the ac required	ccompanying report is to be reported by me
				Mr. Tom Spilr	nan	
		-	Signa	ature of Campaig	n Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, this the		day
of						
Signature of officer ad	ministering oath	Printed name o	f officer administering oat	h Tit	e of office	er administering oath
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us			Version V3.5.1.f1b8c3f1

FORM MPAC

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					-
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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		Philip Cortez State Representati	ve	
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(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.)		Caroline Harris Davila State Rep	presentative	
COMMITTEE		A. Supported			
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			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rhetta Bowers State Representa	ative	
		•			

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distribute	ors Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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		Trey Martinez Fischer State Rep	presentative	
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	hature of issue.)	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Cody Harris State Representativ	'e	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.) 		Ben Bumgarner State Represen	tative	

FORM MPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)		Candy Noble State Representat	ive	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(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.)		Toni Rose State Representative		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)		Kronda Thimesch State Represe	entative	

FORM MPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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		Armando Walle State Represent	tative	
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Harvey Slocum State Repr	esentative	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)		Morgan LaMantia State Senator		

FORM MPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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		Keith Bell State Representative		
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Steve Allison State Representat	ive	
COMMITTEE		A. Supported			
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			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Ana Hernandez State Represen	tative	

FORM MPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if				
	applicable, classify by party.)				
(Attach lists on plain		B. Opposed			
paper to complete this		D. Opposed			
report if necessary.)					
	2. Measures	A. Supported			
	(Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
		D. Opposed			
	3. Officeholders		Barbara Gervin-Hawkins State R	oprocontativo	
	Assisted		Daibaia Gervin-Hawkins State R	epresentative	
	(Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported			
Activity	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this		B. Opposed			
report if necessary.)					
	2. Measures	A. Supported			
	(Describe by date and location of election and				
	nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted		Stan Lambert State Representati	ive	
	(Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	applicable, classify by party.				
(Attach lists on plain		B. Opposed			
paper to complete this report if necessary.)					
-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	2. Measures	A. Supported			
	(Describe by date and location of election and				
	nature of issue.)				
		B. Opposed			
	3. Officeholders		Todd Hunter State Representativ	/e	
	Assisted		-		
	(Identify by name or, if applicable, classify by party.)				
	1				

FORM MPAC

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						-
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	rs Of Texas PAC				00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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		John Kuempel	State Represent	ative	
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(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.)		Charlie Geren	State Representa	ative	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)		Dade Phelan S	State Representat	tive	

FORM MPAC ADDENDUM

						Page 10 of 21
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	rs Of Texas PAC				00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	ted			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	€			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor				
		B. Oppose	эd			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Will Metcalf State Representativ	re	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	ted			
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	èd			
	2. Measures	A. Suppor	ted			
	(Describe by date and location of election and nature of issue.)					
		B. Oppose	эd			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Glenn Hegar Comptroller		

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

17 COMMITTE		18 Filer ID	(Ethics Commission Filers)		
	e Beer Distributors Of Texas PAC E SUBTOTALS	00015672	1		
	SCHEDULE		SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 58,688.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$		
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	SCHEDULE E: LOANS		\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 49,625.26		
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F 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: 12/21
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Wholesale Beer Distributors Of Texas PAC	00015672
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/12/2023 Del Papa, Jr., Lawrence	\$9,221.00
6 Contributor address; City; State; Zip Code	
Texas City, TX 77591	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 Descinction 9	5)
A Business Person	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/29/2023 Giglio, Charles	\$7,519.00
Contributor address; City; State; Zip Code	
Beaumont, TX 77704	
Principal occupation / Job title (See Instructions) Employer (See Instructions	3)
A Business Person	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/11/2023 McGuire, Mike	\$39,956.00
Contributor address; City; State; Zip Code	
Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
Business Person	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/29/2023 Reed, Vance	\$979.00
Contributor address; City; State; Zip Code	
Amarillo, TX 79106	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u></u>
A Business Person	<i>)</i>
Date Full name of contributor out-of-state PAC (ID#:) 11/29/2023 Reed, Vance	Amount of Contribution (\$) \$1,013.00
	\$1,013.00
Contributor address; City; State; Zip Code	
Amarillo, TX 79106	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u> </u>
A Business Person	· /

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting 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: 1/9 Rpt: 13/21	Wholesale Beer Distributors Of Texas PAC00015672					
4 Date	5 Payee name					
12/05/2023	Allison, Steve					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	200 Morningside Dr.					
Expenditure from corporate funds	San Antonio, TX 78209					
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 Campaign Contribution					
	Campaign Contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2023	Bell, Keith					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 1178					
Expenditure from corporate funds	Forney, TX 75126					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
12/13/2023	Bowers, Rhetta					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	3526 Lakeview Parkway					
	Ste B #211					
Expenditure from corporate funds	Rowlett, TX 75088					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee Campaign Contribution					
	Cumpaign Contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting 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: 2/9 Rpt: 14/21	Wholesale Beer Distributors Of Texas PAC00015672					
4 Date	5 Payee name					
12/12/2023	Bumgarner, Ben					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	5150 Kensington Ct					
Expenditure from corporate funds	Flower Mound, TX 75022					
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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/14/2023	Cortez, Philip					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	310 Valley Hi Dr.					
Expenditure from corporate funds	Suite 107 San Antonio, TX 78227					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/18/2023	Dyson, Paul					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	4040 Hwy 6					
	Ste 200					
Expenditure from corporate funds	College Station, TX 77845					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting 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: 3/9 Rpt: 15/21	Wholesale Beer Distributors Of Texas PAC00015672					
4 Date	5 Payee name					
12/04/2023	Geren, Charlie					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$2,500.00	P.O. box 1440					
Expenditure from corporate funds	Fort Worth, TX 76101					
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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2023	Gervin-Hawkins, Barbara					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 39602					
Expenditure from corporate funds	San Antonio, TX 78218					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/12/2023	Harris, Cody					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	100 Avenue A					
Expenditure from corporate funds	Palestine, TX 75801					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting 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: 4/9 Rpt: 16/21	Wholesale Beer Distributors Of Texas PAC 00015672				
4 Date	5 Payee name				
12/14/2023	Harris Davila, Caroline				
6 Amount (\$)					
	7 Payee address; City; State; Zip Code PO Box 700				
\$1,000.00					
Expenditure from corporate funds	Round Rock, TX 78680				
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 Campaign Contribution				
	Campaign Contribution				
 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF 	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/28/2023	Hegar, Glenn				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	815-A Brazos St. #389				
Expenditure from corporate funds	Austin, TX 78701				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Campaign Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/05/2023	Hernandez, Ana				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,500.00	P.O. Box 15538				
+_,					
Expenditure from corporate funds	Houston, TX 77220				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee				
	Candidate/Officeholder/Political Committee Campaign Contribution				
	Campaign Contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	5				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting 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: 5/9 Rpt: 17/21	Wholesale Beer Distributors Of Texas PAC00015672					
4 Date	5 Payee name					
12/05/2023	Hunter, Todd					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	14617 South Padre Island Drive					
Expenditure from corporate funds	Corpus Christi, TX 78418					
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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/05/2023	Kuempel, John					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	902 E. College St.					
Expenditure from corporate funds	Seguin, TX 78155					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/11/2023	LaMantia, Morgan					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	1324 E. Madison					
Expenditure from corporate funds	Brownsville, TX 78520					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting 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: 6/9 Rpt: 18/21	Wholesale Beer Distributors Of Texas PAC00015672					
4 Date	5 Payee name					
12/05/2023	Lambert, Stan					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	PO Box 3752					
Expenditure from corporate funds	Abilene, TX 79604					
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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/13/2023	Martinez-Fischer, Trey					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	104 Babcock Rd					
Expenditure from corporate funds	Ste 107 San Antonio, TX 78201					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/30/2023	Metcalf, Will					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 454					
Expenditure from corporate funds	Conroe, TX 77305					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting 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: 7/9 Rpt: 19/21	Wholesale Beer Distributors Of Texas PAC00015672					
4 Date	5 Payee name					
12/12/2023	Noble, Candy					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	1105 East Main Street #223					
Expenditure from corporate funds	Allen, TX 75002					
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 Campaign Contribution					
	Campaign Contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/01/2023	Phelan, Dade					
Amount (\$)	Payee address; City; State; Zip Code					
\$15,000.00	2825 Nall St. #19B					
Expenditure from corporate funds	Port Neches, TX 77651					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/12/2023	Rose, Toni					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 41867					
Expenditure from corporate funds	Dallas, TX 75241					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Candidate/Officeholder/Political Committee					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Ise Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 8/9 Rpt: 20/21	Wholesale Beer Distributors Of Texas PAC	00015672			
4 Date	5 Payee name				
12/11/2023	Slocum, John Harvey				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	4040 Hwy 6				
	Ste 200				
Expenditure from corporate funds	College Station, TX 77845				
8 PURPOSE	-	n			
OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
12/01/2023	The Austin Club				
Amount (\$)	Payee address; City; State; Zip Code				
\$39.37	110 E. 9th Street				
Expenditure from corporate funds	Austin, TX 78701				
PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Ontribution for refreshments for the Sheryl			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
12/12/2023	Thimesch, Kronda				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	PO Box 118978				
Expenditure from corporate funds	Carrollton, TX 75011				
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense n Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expe al Committee Legal Services	Fees Office Overheal/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Transportation Eq Travel in District Travel Out of Dist	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)		
Sch: 9/9 Rpt: 21/21	Wholesale Beer Distributors Of Texas PAC 00015672						
4 Date	5 Payee name	5 Pavee name					
12/21/2023	Twin Liquors						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$585.89	5639 Airport Blvd						
Expenditure from corporate funds	Austin, TX 78751						
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	b) Description				
OF EXPENDITURE	Food/Beverage Expense			outside of Texas. Comp			
-				TX, officeholder living			
			Hinojosa rece		hments for the Gina		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	nt	Office he	d		
Date	Payee name						
12/12/2023	Walle, Armando						
Amount (\$)	Payee address; City;	State; Zip Code	е				
\$1,500.00	P.O. box 16101						
Expenditure from corporate funds	Houston, TX 77222						
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	b) Description				
OF EXPENDITURE	Contributions/Donations Made			outside of Texas. Comp			
	Candidate/Officeholder/Politica	l Committee		TX, officeholder living	expense		
			Campaign Co	ontribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	nt	Office he	ld		