#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015672 3 COMMITTEE NAME **OFFICE USE ONLY** Wholesale Beer Distributors Of Texas PAC Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 823 Congress Ave., Ste.1313 Change of Address Austin, TX 78701-2429 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Tom NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Spilman CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 823 Congress Ave., Ste. 1313 STREET **ADDRESS** (Residence or Business) Austin, TX 78701-2429 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 823 Congress Ave., Ste. 1313 MAILING **ADDRESS** Change of Address Austin, TX 78701-2429 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 476-0697 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

**GO TO PAGE 2** 

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

			1	
2 COMMITTEE NAME			13 Filer ID	
Wholesale Beer Dis	stributors Of Texas PAC		00015	672
4 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	7. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Christian Hayes State Repres	sentative	
E CONTRIBUTION	1			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,931.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	T DAY \$	241,834.44
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	I		L	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Mr. To	m Spilman	1
		Signature of Co	ampaign Tr	easurer
AFFIX NOT	ARY STAMP / SEAL ABOVE			
Sworn to and subscr	ribed before me, by the said	,	this the	day
		which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of	f officer administering oath

# FORM MPAC ADDENDUM

						Page 3 of 14
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. Supp	orted			
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
	2. Measures	A. Supp	orted			
	(Describe by date and location of election and nature of issue.)					
		В. Орро	sed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Ken King State Representative		
COMMITTEE	1. Candidates	A. Supp	orted			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
		В. Орро	sed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Jarvis Johnson State Represent	tative	
COMMITTEE	1. Candidates	A. Supp	orted			
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
		В. Орро	sed			
	3. Officeholders Assisted			Hubert Vo State Representative		
	(Identify by name or, if applicable, classify by party.)					

# FORM MPAC ADDENDUM

				Page 4 of 14
			13 Filer ID	(Ethics Commission Filers)
s Of Texas PAC			00015672	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures	A. Supported			
(Describe by date and location of election and nature of issue.)				
	B. Opposed			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representat	ive	
	<u> </u>			
(Identify by name or, if				
	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.)		Liz Campos State Representation	ve	
Candidates				
(Identify by name or, if				
	B. Opposed			
Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders		Lynn Stucky State Representati	ve	
	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	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.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  A. Supported  A. Supported  B. Opposed  A. Supported  A. Supported	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  Briscoe Cain State Representate Representation Represen	S Of Texas PAC  1. Candidates (dentify 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  B. Opposed  Briscoe Cain State Representative  Briscoe Cain State Representative  Briscoe Cain State Representative  Briscoe Cain State Representative  Collective by date and location of election and nature of issue.)  B. Opposed  Collective by date and location of election and nature of issue.)  B. Opposed  Liz Campos State Representative  Liz Campos State Representative  Collective by name or, if applicable, classify by party.)  B. Opposed  Collective by name or, if applicable, classify by party.)  B. Opposed  Liz Campos State Representative  Collective by name or, if applicable, classify by party.)  B. Opposed  Collective by name or, if applicable, classify by party.)  B. Opposed  A. Supported (dentify by name or, if applicable, classify by party.)  B. Opposed  A. Supported (dentify by name or, if applicable, classify by party.)  B. Opposed  A. Supported (dentify by name or, if applicable, classify by party.)  B. Opposed

### FORM MPAC **ADDENDUM**

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Wholesale Beer Distributor	rs Of Texas PAC			00015672
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)		Stan Lambert State Representa	ative
COMMITTEE	1. Candidates	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		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Glenn Rogers State Representa	ative
COMMITTEE	1. Candidates	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		
	Officeholders     Assisted		Jared Patterson State Represer	ntative
	(Identify by name or, if applicable, classify by party.)	I		

### FORM MPAC **ADDENDUM**

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Vholesale Beer Distributor	rs Of Texas PAC			00015672	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if		Dustin Burrows State Represent	tative	
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported			
	(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			
	Officeholders     Assisted  (Identify by name or, if applicable classify by name)		DeWayne Burns State Represer	ntative	
COMMITTEE	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures    (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted		Cole Hefner State Representation	ve	
	(Identify by name or, if applicable, classify by party.)				

# FORM MPAC

					ADDENDUM
					Page 7 of 14
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	s Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	, ,			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if		Frederick Frazier State Represe	ntative	
	applicable, classify by party.)				
COMMITTEE	1. Candidates	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		Drew Darby State Representative	/e	
	(Identify by name or, if applicable, classify by party.)				

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				8 of 14
17 COMMITT	EE NAME	18 Filer ID	(Ethics Cor	nmission Filers)
Wholesal	e Beer Distributors Of Texas PAC	00015672		·
19 SCHEDUL	LE SUBTOTALS			
NAME OF	SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,931.00
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 CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	17,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	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: 9/14	
2	FILER NAME Wholesale Beer Distributors Of Texas PAC	- 1	Filer ID (Ethics Commission Filers) 00015672	
4	Date 01/04/2024  5 Full name of contributor out-of-state PAC (ID#:) Kristen, Mark  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$1,931.	)0
8	Bryan, TX 77803  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ns)		_
	A Business Person			

### 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 By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 10/14	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
01/16/2024	Burns, DeWayne
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	703 Stonelake Dr.
Expenditure from corporate funds	Cleburne, TX 76033
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
	Campaign Continuation
O Commission ONII Wife dispose	On alidate (Office helder game)
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2024	Burrows, Dustin
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 6170
Expenditure from corporate funds	Lubbock, TX 79493
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5 .	
Date	Payee name
01/24/2024	Cain, Briscoe
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 7
Expenditure from corporate funds	Deer Park, TX 77536
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/Of	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Control Fees Food/Beverage Expense Food/Beverage Food/Bev	oan Repayment/Reimbursement  office Overhead/Rental Expense  olling Expense  rinting Expense  ariaries/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 ho	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 11/14	Wholesale Beer Distributors Of Texas PA	/C	00015672
4 Date	5 Payee name		
01/23/2024	Campos, Liz		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
\$1,000.00	1028 Rigsby	•	
Expenditure from corporate funds	San Antonio, TX 78210		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense Ontribution
Complete ONLY if direct expenditure to benefit C/Oh		ce sought	Office held
Date	Payee name		
01/11/2024	Darby, Drew		
Amount (\$)	Payee address; City; State; 2	Zip Code	
\$1,000.00	36 W. Beauregard, Ste 517		
Expenditure from corporate funds	San Angelo, TX 76903		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense Ontribution
Complete ONLY if direct expenditure to benefit C/OI		ce sought	Office held
Date 01/16/2024	Payee name Frazier, Frederick		
Amount (\$)		Zip Code	
\$1,000.00	1629 Landon Ln	Lip Code	
Expenditure from corporate funds	McKinney, TX 75071		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committ		outside of Texas. Complete Schedule T. , TX, officeholder living expense Ontribution
Complete ONLY if direct expenditure to benefit C/OF		ce sought	Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 By Candidate/Officeholder/Politica Credit Card Payment	
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: 3/5 Rpt: 12/14	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
01/24/2024	Hayes, Christian "Manuel"
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3801 Turtlecreek Dr
Expenditure from corporate funds	Port Arthur, TX 77642
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantare to serious ever	
Date	Payee name
01/16/2024	Hefner, Cole
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/24/2024	Johnson, Jarvis
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 924346
Evnonditura from	
Expenditure from corporate funds	Houston, TX 77292
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.
LAFLINDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	•

### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	G. File D. MANE
1 Total pages Schedule F1: Sch: 4/5 Rpt: 13/14	2 FILER NAME Wholesale Beer Distributors Of Texas PAC 3 Filer ID (Ethics Commission Filers) 00015672
4 Date	5 Payee name
01/25/2024	King, Ken
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 517
Expenditure from	Canadian, TX 79014
corporate funds	Canadian, 1X 79014
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
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/18/2024	Lambert, Stan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 3752
\$1,000.00	PO BOX 3752
Expenditure from	
corporate funds	Abilene, TX 79604
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee 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
01/17/2024	Patterson, Jared
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4412 Sapphire Drive
Ψ1,000.00	Till Supplies Silve
Expenditure from	
corporate funds	Frisco, TX 75034
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	·
1 Total pages Schedule F1: Sch: 5/5 Rpt: 14/14	2 FILER NAME Wholesale Beer Distributors Of Texas PAC 3 Filer ID (Ethics Commission Filers) 00015672
4 Date	5 Daysa nama
01/17/2024	5 Payee name Rogers, Glenn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 11
. ,	
Expenditure from corporate funds	Graford, TX 76449
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
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	Davies same
Date	Payee name
01/19/2024	Stucky, Lynn
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5885 Canyon Rd.
Expenditure from	
corporate funds	Sanger, TX 76266
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/24/2024	Vo, Hubert
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	11360 Bellaire Blvd.
	Suite 880
Expenditure from corporate funds	Houston, TX 77072
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>