#### 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** 03/05/2024 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	
Wholesale Beer Distri	butors Of Texas PAC		000156	572
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.)	ти сарропод		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Dustin Burrows State Represe	entative	
5 CONTRIBUTION	1	DOLUTION CONTRIBUTIONS (OTHER THAN	1	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	ľ	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	\$	66,500.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	188,327.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I	THE \$	0.00	
6 AFFIDAVIT	I		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Ton	n Spilman	
		Signature of Ca	ampaign Tre	asurer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	,t	this the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of	officer administering oath

					Page 3 of 27
L2 COMMITTEE NAME			1	13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	ors 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			
	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 Representa	ative	
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 (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.)		Candy Noble State Representativ	'e	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Hatch Smith State Representative	<del></del>	
(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.)				

					Page 4 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Skeeter Hubert 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.)	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.)		Kronda Thimesch State Repres	entative	
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 (Describe by date and location of election and nature of issue.)	<ul><li>A. Supported</li><li>B. Opposed</li></ul>			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Ellen Troxclair State Representa	ative	

					Page 5 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		John Devine Supreme Court Ju	ustice	
COMMITTEE	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.)		Mihaela Plesa State Represent	tative	
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			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
	,	B. Opposed			
	Officeholders     Assisted  (Identify by name or, if		Dade Phelan State Representa	ative	
	applicable, classify by party.)				

Minotesale Beer Distributors of Texas PAC						Page 6 of 27
1. Candidates (deamly by name or 3 of neglectables, accord) by party).  Assisted (deamly by name or 3 of neglectables).  2. Measures Chesite by date and Institute of deam or 3 of neglectables. A Supported Deamle of State Representative Name or 3 of neglectables. Assisted (deamly by name or 3 of neglectables. Cassis) by party).  COMMITTEE ACTIVITY  Committee ACTIVITY  Committee (Astach lists on plain paper to complete this report if necessary.)  2. Measures (Desoite by date and Institute of deam or 3 of neglectables. Cassis by by party).  B. Opposed  2. Measures (Desoite by date and Institute of deam or 3 of neglectables. Cassis by by party).  B. Opposed  2. Measures (Desoite by date and Institute of deam or 3 of neglectables. Cassis by by party).  B. Opposed  2. Measures (Desoite by date and Institute of deam or 3 of neglectables. Cassis by by party).  B. Opposed  COMMITTEE ACTIVITY  Committee (Tesoite by date and Institute of deam or 3 of neglectables. Cassis by by party).  B. Opposed  DeWayne Burns State Representative (Astach lists on plain paper to complete this report if necessary.)  B. Opposed  DeWayne Burns State Representative (Astach lists on plain paper to complete this report of necessary.)  B. Opposed  DeWayne Burns State Representative (Astach lists on plain paper to complete this report of necessary.)  B. Opposed  DeWayne Burns State Representative (Astach lists on plain paper to complete this report of necessary.)  B. Opposed  DeWayne Burns State Representative (Astach lists on plain paper to complete this report of necessary.)  B. Opposed  DeWayne Burns State Representative (Astach lists on plain paper to complete this report of necessary.)  B. Opposed	12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and location election and	Wholesale Beer Distributo	rs Of Texas PAC			00015672	
paper to complete this report if necessary.)  2. Measures Obscribe by date and location of stortion and nature of issue.)  B. Opposed  3. Officeholders Assisted Obtenify by marror or, if applicable, classify by party.)  COMMITTEE ACTIVITY (International Content of the Content of State Representative Describe this report if necessary.)  2. Measures (Pescolibe by date and location of election and nature of sieucion and nature of sieuc	14 COMMITTEE ACTIVITY	(Identify by name or, if				
Describe by date and nature of issue.)	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by mane or . If identify by mane or		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by data and inature of issue.)  B. Opposed  3. Officeholders Activity  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  DeWayne Burns State Representative  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  Activity  A. Supported  DeWayne Burns State Representative  B. Opposed  DeWayne Burns State Representative  Activity  A. Supported  Dewayne Burns State Representative  Activity  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed			B. Opposed			
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders ASSISTED (dentity by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  DeWayne Burns State Representative  A. Supported (dentity by name or, if applicable, classify by party.)  A. Supported (dentity by name or, if applicable, classify by party.)  A. Supported  DeWayne Burns State Representative  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed		Assisted (Identify by name or, if		Ramon Romero State Represen	tative	
paper to complete this report if necessary.)  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.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported (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 Jeff Leach State Representative		(Identify by name or, if				
(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.)  COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported  B. Opposed  B. Opposed  B. Opposed  Jeff Leach State Representative		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  A. Supported  B. Opposed  3. Officeholders  Jeff Leach State Representative			B. Opposed			
COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  A. Supported  B. Opposed  B. Opposed  Jeff Leach State Representative		Assisted (Identify by name or, if		DeWayne Burns State Represer	ntative	
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders  Jeff Leach State Representative		1. Candidates	A. Supported			
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders  Jeff Leach State Representative	paper to complete this		B. Opposed			
		(Describe by date and location of election and				
				Jeff Leach State Representative		
Assisted (Identify by name or, if applicable, classify by party.)		Assisted (Identify by name or, if applicable, classify by party.)	1			

					Page 7 of 27
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			
	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.)		Matt Shaheen State Representa	tive	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jill Dutton State 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			
		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			
(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		Lacey Hull State Representative		
	applicable, classify by party.)				

				Page 8 of 27
			13 Filer ID	(Ethics Commission Filers)
ors Of Texas PAC			00015672	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	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.)		John Kuempel State Representa	tive	
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			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Suleman Lalani State Representa	ative	
1. Candidates	A. Supported			
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	В. Орроѕеи			
Officeholders     Assisted  (Identify by name or, if		Reggie Smith State Representati	ive	
	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  3. Officeholders Assisted	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.)  B. Opposed  3. Officeholders Assisted  (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted  (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  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed	I. 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  4. Supported  5. Opposed  5. Opposed  6. Supported  7. Supported  8. Opposed  8. Opposed  9. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  1. Candidates (Describe by date and location of election and nature of issue.)  8. Opposed  9. Opposed  1. Candidates (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  1. Candidates (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  3. Officeholders A. Supported  6. Opposed  7. Reggie Smith State Representation and nature of issue.)  8. Opposed  8. Opposed  9. Opposed  1. Supported  1. Supported  1. Supported  1. Supported  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  1. Reggie Smith State Representation and nature of issue.)	In 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  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  B. Opposed  5. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  5. Opposed  5. Opposed  6. Supported  6. Supported  7. Supported  8. Opposed  8. Opposed  9. Suleman Lalani State Representative  9. Suleman Lalani State Representative  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  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

				Page 9 of 27
			13 Filer ID	(Ethics Commission Filers)
ors Of Texas PAC			00015672	
Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported			
	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.)		Stan Kitzman State Representa	tive	
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			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Venton Jones State Representa	ative	
1. Candidates	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
	Б. Орросси			
3. Officeholders Assisted (Identify by name or, if		Mano DeAyala State Represent	ative	
	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.)  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.)  3. Officeholders Assisted  (Identify by name or, if applicable, classify by party.)  1. Candidates  (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  (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed	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  4. Supported  Stan Kitzman State Represental Stan Kitzman Stan Kitzman Stan Kitzman Stan Kitzman Stan Kitzman Stan Kitz	In 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.)  B. Opposed  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and rature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  5. Opposed  4. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  5. Opposed  6. Opposed  7. Measures (Describe by date and location of election and nature of location of election and nature of location and

A. Supported  B. Opposed  B. Opposed  A. Supported  B. Opposed	Harold Dutton State Representa	13 Filer ID 00015672	(Ethics Commission Filers)
B. Opposed  A. Supported  B. Opposed  A. Supported	Harold Dutton State Representa		
B. Opposed  A. Supported  B. Opposed  A. Supported	Harold Dutton State Representa	ative	
A. Supported  B. Opposed  A. Supported	Harold Dutton State Representa	ative	
B. Opposed  A. Supported	Harold Dutton State Representa	ative	
A. Supported		ative	
A. Supported		ative	
B. Opposed			
A. Supported			
B. Opposed			
	Charlie Geren State Represent	ative	
A. Supported			
B. Opposed			
A. Supported			
B. Opposeu			
	Jimmy Blacklock Supreme Cou	ırt Justice	
	B. Opposed	B. Opposed  A. Supported  B. Opposed	B. Opposed  A. Supported

					Page 11 of 27
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.)				
(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.)		Greg Bonnen State Representa	ative	
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 (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.)		Hugh Shine State Representati	ve	
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 (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.)		Trent Ashby State Representat	ive	
		l			

					Page 12 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	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			
	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.)		Steve Allison State Representati	ive	
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 (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.)		Ray Lopez State Representative	;	
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 (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
		Б. Оррозеч			
	Officeholders     Assisted  (Identify by name or, if		Jay Dean State Representative		

					Page 13 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	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 (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.)		Yvonne Davis State Representa	ative	
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 (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.)		Gary VanDeaver State Represe	ntative	
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 (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
		В. Орросси			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative		

## FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 14 of 27 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Wholesale Beer Distributors Of Texas PAC 00015672 14 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 A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Ernest Bailes State Representative Assisted (Identify by name or, if applicable, classify by party.

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				15 of 27
17 COMMITTEE NAME Wholesale Beer Distributors Of Texas PAC 18 Filer ID 00015672			(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 66,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

### SCHEDULE F1

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

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

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

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

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

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: 1/12 Rpt: 16/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
01/30/2024	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
EXPENDITORE	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
Date	Payee name
01/30/2024	Ashby, Trent
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 412
Ψ1,000.00	1.0. 50% 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  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
01/29/2024	Bailes, Ernest
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1000 Bailes Dairy Road
42,000.00	2000 2000 200 1 1000
Expenditure from corporate funds	Shepherd, TX 77371
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
	Campaigh Continuation
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

### 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

mbursement Solicitation/Fundraising Expense
tal Expense 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	
	·
1 Total pages Schedule F1:	
Sch: 2/12 Rpt: 17/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
01/29/2024	Bell, Keith
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
8 PURPOSE	1
OF 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
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/31/2024	Blacklock, Jimmy
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 1588
Ψ2,000.00	1 0 DOX 1300
Expenditure from	Auglia TV 70707
corporate funds	Austin, TX 78767
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
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
01/31/2024	Bonnen, Greg
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1183
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
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
experialitie to beliefft C/OI	•

### 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	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: 3/12 Rpt: 18/27	Wholesale Beer Distributors Of Texas PAC 00015672	
4 Date	5 Payee name	
02/15/2024	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	
	Campaign Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	•	
Date	Payee name	
02/08/2024	Burns, DeWayne	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	703 Stonelake Dr.	
Expenditure from corporate funds	Cleburne, TX 76033	
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 CNII V if alian-	Condidate/Officeholder name Office cought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/21/2024	Burrows, Dustin	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 6170	
Expenditure from corporate funds	Lubbock, TX 79493	
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/OH		

### SCHEDULE F1

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

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

t Solicitation/Fundraising Expense
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 Edu	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F1:			
Sch: 4/12 Rpt: 19/27	Wholesale Beer Distributors Of Texas PAC 00015672		
4 Date	5 Payee name		
01/29/2024	Davis, Yvonne		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,500.00	5787 S. Hampton Road		
	Suite 447		
Expenditure from	Dallas, TX 75232		
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description		
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Campaign Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
02/06/2024	DeAyala, Mano		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	12335 Kingsride Ln		
	#416		
Expenditure from corporate funds	Houston, TX 77024		
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/O	1		
Date	Payee name		
01/30/2024	Dean, Jay		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 1952		
Expenditure from			
corporate funds	Longview, TX 75606		
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 ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
experience to belieff C/O	•		

### 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

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

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: 5/12 Rpt: 20/27	Wholesale Beer Distributors Of Texas PAC 00015672	
4 Date	5 Payee name	
02/12/2024	Devine, John	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	PO Box 273203	
Expenditure from corporate funds	Houston, TX 77277	
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	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/01/2024	Dutton, Harold	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	8799 North Loop East	
	Suite 305	
Expenditure from corporate funds	Houston, TX 77029	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
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	
	Campaign Contribution	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Davisa nama	
02/07/2024	Payee name  Dutton, Jill	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	411 VZCR 4503	
Expenditure from corporate funds	Ben Wheeler, TX 75754	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LA LADITORL	Candidate/Officeholder/Political Committee	
	Campaign 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 -

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

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: 6/12 Rpt: 21/27	2 FILER NAME Wholesale Beer Distributors Of Texas PAC 3 Filer ID (Ethics Commission Filers) 00015672
4 Date	5 Payee name
01/31/2024	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	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Hubert, Skeeter
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	350 Nursery Road
•	Suite 1101
Expenditure from	
corporate funds	The Woodlands, TX 77381
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Hull, Lacey
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 19231
\$1,000.00	FO BOX 19231
Expenditure from corporate funds	Houston, TX 77224
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

### 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

nent Solicitation/Fundraising Expense
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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/12 Rpt: 22/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
02/06/2024	Jones, Venton
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1075 Griffin Street West
	ste 212
Expenditure from	
corporate funds	Dallas, TX 75215
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh Continuation
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2024	Kitzman, Stan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 553
Ψ1,000.00	1 6 Box 666
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Kuempel, John
	·
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	902 E. College St.
Expenditure from corporate funds	Seguin, TX 78155
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	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 8/12 Rpt: 23/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
02/07/2024	Lalani, Suleman
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 6514
Expenditure from corporate funds	Houston, TX 77265
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
Date	Payee name
02/08/2024	Leach, Jeff (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 866186
, , , , , , , , , , , , , , , , , , , ,	
Expenditure from corporate funds	Plano, TX 75086
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
experience to belief of or	
Date	Payee name
01/30/2024	Lopez, Ray
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7015 Quiet Ridge Walk
+2,000.00	10 <u>1</u> 0
Expenditure from corporate funds	San Antonio, TX 78250
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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 (orders extraggly get listed above)

The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm			
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm			
	nission Filers)		
Sch: 9/12 Rpt: 24/27 Wholesale Beer Distributors Of Texas PAC 00015672			
4 Date 5 Payee name			
02/15/2024 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 Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
Campaign Contribution			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			
Date Payee name			
02/08/2024 Phelan, Dade			
Amount (\$) Payee address; City; State; Zip Code			
\$25,000.00 2825 Nall St. #19B			
Expenditure from corporate funds Port Neches, TX 77651			
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 <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
exponentere to beliefit every			
Date Payee name			
02/09/2024 Plesa, Mihaela			
Amount (\$) Payee address; City; State; Zip Code			
\$1,000.00 PO Box 796311			
Expenditure from corporate funds Dallas, TX 75248			
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 Check if Austin, TX, officeholder living expense			
Campaign 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 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/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/12 Rpt: 25/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
02/08/2024	Ramero, Ramon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 181
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
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/07/2024	Shaheen, Matt
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3917 Malton Dr.
Expenditure from corporate funds	Plano, TX 75025
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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiantific to belieff 6/0	
Date	Payee name
01/30/2024	Shine, Hugh
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 793
Expenditure from corporate funds	Temple, TX 76503
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
	Campaign Contribution
Complete ONLY !	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
,	

### SCHEDULE F1

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

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

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

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: 11/12 Rpt: 26/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
02/14/2024	Smith, Hatch
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	603 East Ellis Street
Expenditure from corporate funds	Llano, TX 78643
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
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Smith, Reggie (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	111A North Travis
	Ste 5
Expenditure from corporate funds	Sherman, TX 75090
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/14/2024	Thimesch, Kronda
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 118978
Expenditure from corporate funds	Carrollton, TX 75011
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	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

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: 12/12 Rpt: 27/27	Wholesale Beer Distributors Of Texas PAC  00015672
4 Date	5 Payee name
02/14/2024	Troxclair, Ellen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	701 Highway 281
	Suite H #196
Expenditure from corporate funds	Marble Falls, TX 78654
<u>'</u>	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2024	VanDeaver, Gary
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1101 Hwy. 98
\$1,000.00	1101 nwy. 96
Expenditure from	
corporate funds	New Boston, TX 75570
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 Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	