FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015767 3 COMMITTEE NAME **OFFICE USE ONLY** The Beer Alliance of Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 07/01/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 502 E. 11th Street Date Hand-delivered or Date Postmarked Suite 420 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard W. NAME NICKNAME LAST **SUFFIX** Rick Donley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 502 East 11th Street STREET **ADDRESS** Suite 420 (Residence or Business) Austin, TX 78701-1643 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 502 E. 11th St., Ste. 420 MAILING **ADDRESS** Austin, TX 78701-2656 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 474-5378 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 05/19/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of	Texas Political Action Co	mmittee	00015767	
4 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 Massures	A. Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Rep. Armando Walle State R	enresentativ	Δ
	Assisted (Identify by name or, if applicable, classify by party.)	Nep.//imando wane State N	Сргозопиши	
5 CONTRIBUTION	1. TOTAL UNITEMIZED	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	327,617.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	19,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	566,636.68
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. Dieheur	d W. Dowley	
		Signature of Car	d W. Donley	Iror
		Signature of Sar	iipaigii iicasc	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed before me, by the said	, tr	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
				
Signature of officer	administering oath	Printed name of officer administering oath	ritte of offic	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 14

						1 age e e = 1
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee		00015767	
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			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if		Rep. Ana Hernandez State Rep	oresentative	
	COMMITTEE	applicable, classify by party.)	<u> </u>			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported			
	(Attack lists on plain	applicable, classify by party.)				
	(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		Rep. Christina Morales State F	Representative	
		(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	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Rep. Penny Shaw State Repre	esentative	
		(Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 14

					1 490 1 01 2 1
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of Te	xas Political Action (Committee		00015767	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		l	
(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.)		Rep. Drew Darby State Repres	entative	
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 (Identify by name or, if applicable, classify by party.)		Rep. Carrie Isaac State Repres	sentative	
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.)		The Honorable Bryan Hughes	State Senator	
	Assisted (Identify by name or, if		The Honorable Bryan Hughes	State Senator	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 5 of 14

The Beer Alliance of Texas Political Action Committee 1. Candidates ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to date and booking by party) (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to years on it expendence classify to party) (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to years on it expendence classify to party) (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to years on it expendence classify to party) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to years on it expendence classify to party) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to year on it expendence classify to party) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to year on it expendence classify to party) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Describe to year on it expendence classify to party) (Des	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A	The Beer Alliance of Texas	as Political Action C	Committee		00015767	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of sizes.) 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 sizes.) 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 sizes.) B. Opposed COMMITTEE ASSISTED 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE ACTIVITY COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported The Honorable Don McLaughlin State Representative (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) A. Supported The Honorable Don McLaughlin State Representative (Identify by name or, if applicable, classify by party.) A. Supported The Honorable Don McLaughlin State Representative (Identify by name or, if applicable, classify by party.) A. Supported The Honorable Don McLaughlin State Representative (Identify by name or, if applicable, classify by party.)	ACTIVITY (id	dentify by name or, if		Mrs. Hickland Hillary State Rep	presentative	
COMMITTEE ACTIVITY Successive by date and instruce of ssue.) B. Opposed	paper to complete this		B. Opposed			
COMMITTEE ACTIVITY COMMITTEE Committee this report if necessary.) COMMITTEE COMMITTEE Committee this report if necessary.) Committ	(De loc	Describe by date and ocation 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.) 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.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) A Supported The Honorable Don McLaughlin State Representative (Identify by name or, if applicable, classify by party.) B. Opposed Committee ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A Supported The Honorable Don McLaughlin State Representative (Describe by date and location of election and nature of issue.)			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.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Rep. Philip Cortez State Senator Activity COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported The Honorable Don McLaughlin State Representative (dentify by name or, if applicable, classify by party.) B. Opposed A. Supported The Honorable Don McLaughlin State Representative (dentify by name or, if applicable, classify by party.) A. Supported	(Id	Assisted dentify by name or, if				
2. Measures (Describe by date and location of election and nature of Issue.) 2. Measures (Describe by date and location of election and nature of Issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.) 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 The Honorable Don McLaughlin State Representative B. Opposed A. Supported	ACTIVITY (Id	dentify by name or, if				
(Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) (Describe by date and location of election and nature of issue.) (Describe by date and location of election and nature of issue.) (Describe by date and location of election and nature of issue.) B. Opposed Rep. Philip Cortez State Senator Rep. Philip Cortez State Senator Rep. Philip Cortez State Senator A. Supported The Honorable Don McLaughlin State Representative B. Opposed A. Supported Supported State Representative A. Supported Supported State Representative A. Supported	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.) Rep. Philip Cortez State Senator Rep. Philip Cortez State Senator The Honorable Don McLaughlin State Representative A. Supported B. Opposed	(De loc	Describe by date and ocation of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.) 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 A. Supported A. Supported			B. Opposed			
ACTIVITY (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	(Id	Assisted dentify by name or, if		Rep. Philip Cortez State Senato	r	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported	A OT! (IT) (The Honorable Don McLaughlin	State Represen	ntative
(Describe by date and location of election and nature of issue.)	paper to complete this		B. Opposed			
B. Opposed	(De loc	Describe by date and ocation of election and	A. Supported			
			B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	(Id	Assisted dentify by name or, if				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

				ADDENDOM
				Page 6 of 14
			13 Filer ID	(Ethics Commission Filers)
exas Political Action (Committee		00015767	
Candidates (Identify by name or, if applicable, classify by party.)				
	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted		Rep. Janie Lopez State Re	epresentative	
(Identify by name or, if				
	Candidates (Identify by name or, if applicable, classify by party.) 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 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 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 B. Opposed A. Supported Rep. Janie Lopez State Rep. J	exas Political Action Committee 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 B. Opposed A. Supported A. Supported Example 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed The second in

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					7 of 14
17 COI	MMITTE	E NAME	18 Filer ID	(Ethics Commiss	ion Filers)
The	Beer .	Alliance of Texas Political Action Committee	00015767	•	,
19 SCI	HEDIII	E SUBTOTALS			
l		SCHEDULE		SUBTOTAL	AMOUNT
	0.				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	327,617.41
				<u> </u>	
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	Ш	CONEDULE 7/2. NON MONE // NY (IN NIND) I CENTONE CONTRIBUTIONS		P	
		COLUMN TO THE PROPER COLUMN TO THE COLUMN TO		_	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ND		
4.	Ш	ORGANIZATION	/IX	\$	
				+	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
				<u> </u>	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
'.	Ш	ORGANIZATION		\$	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	19,500.00
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Ш	CONTEDUCE 1 2: CIM AND INCOMMED OBLIGATIONS		Ψ	
10		COLIED HE FOLD DUDOLIAGE OF INVESTMENTS FROM ROLLTICAL CONTRIBUTION	ONIC		
12.	Ш	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.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
		TOTILLIN			
l					
1					
1					
1					

Texas Political Action of mame of contributor [litt Jr., Robert L (Mr.) ributor address; City; Stateston, TX 77252 [lob title (See Instructions)] Iname of contributor [lins, Patrick (Mr.) ributor address; City; Stateston, TX 78653 [lob title (See Instructions)] Iname of contributor [lins, Patrick (Mr.) ributor address; City; Stateston, TX 78653 [lob title (See Instructions)]	Committee out-of-state PAC (ID#: ate; Zip Code out-of-state PAC (ID#: ate; Zip Code	9 Employer (See Instruction Silver Eagle Bevera	ages ctions) ages A ctions) ibuting	Total pages Schedule A1: Sch: 1/3 Rpt: 8/14 Filer ID (Ethics Commiss 20015767 Amount of Contribution (\$) Amount of Contribution (\$)	\$4,864.00 \$44,840.00
name of contributor litt Jr., Robert L (Mr.) ributor address; City; Star ston, TX 77252 ob title (See Instructions) name of contributor ins, Patrick (Mr.) ributor address; City; Star for , TX 78653 ob title (See Instructions) name of contributor st Jr., Don (Mr.)	out-of-state PAC (ID#:	9 Employer (See Instruction Silver Eagle Bevera	ctions) ages ctions) ibuting	00015767 Amount of Contribution (\$) Amount of Contribution (\$)	\$4,864.00 \$44,840.00
litt Jr., Robert L (Mr.) ributor address; City; Star ston, TX 77252 lob title (See Instructions) name of contributor lins, Patrick (Mr.) ributor address; City; Star lor , TX 78653 lob title (See Instructions) name of contributor st Jr., Don (Mr.)	out-of-state PAC (ID#:	9 Employer (See Instruction Silver Eagle Bevera	etions) ages A etions) ibuting	Amount of Contribution (\$)	\$44,840.00
name of contributor [ins, Patrick (Mr.) ributor address; City; Startor , TX 78653 lob title (See Instructions) name of contributor [st Jr., Don (Mr.)	out-of-state PAC (ID#:	Silver Eagle Bevera Employer (See Instruction Capital Reyes Distruction Capital Revenue Capital R	etions)		
name of contributor [ins, Patrick (Mr.) ributor address; City; State or , TX 78653 ributor title (See Instructions) name of contributor [instructions]	out-of-state PAC (ID#:	Silver Eagle Bevera Employer (See Instruction Capital Reyes Distruction Capital Revenue Capital R	etions)		
ins, Patrick (Mr.) ributor address; City; Star for , TX 78653 rob title (See Instructions) rname of contributor st Jr., Don (Mr.)	ute; Zip Code out-of-state PAC (ID#:	Employer (See Instruc Capital Reyes Distr	ctions)		
name of contributor [st Jr., Don (Mr.)	out-of-state PAC (ID#:	Capital Reyes Distr	ibuting	Amount of Contribution (\$)	
name of contributor [st Jr., Don (Mr.)	out-of-state PAC (ID#:	Capital Reyes Distr	ibuting	Amount of Contribution (\$)	
st Jr., Don (Mr.)) <i>F</i>	Amount of Contribution (\$)	
					\$33,440.00
ston , TX 77229		T =			
ob title (See Instructions)		Employer (See Instruction Faust Distributing C	•		
ributor address; City; Sta				Amount of Contribution (\$)	\$6,840.00
ob title (See Instructions)				у	
) #	Amount of Contribution (\$)	\$13,680.00
lab title (Can Imaturations)				-:	
is rri	Belvieu, TX 77523 bb title (See Instructions) ame of contributor er, Bennett (Mr.) bbutor address; City; Sta	Belvieu, TX 77523 bb title (See Instructions) ame of contributor	Belvieu, TX 77523 bb title (See Instructions) Employer (See Instructions) Wismer Distributing ame of contributor out-of-state PAC (ID#: er, Bennett (Mr.) bbutor address; City; State; Zip Code s, TX 75380	Belvieu, TX 77523 bb title (See Instructions) Employer (See Instructions) Bennett (Mr.) Ber, Bennett (Mr.) Ber, State; Zip Code State; Zip Code Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	Belvieu, TX 77523 bb title (See Instructions) Employer (See Instructions) Wismer Distributing Company ame of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) er, Bennett (Mr.) bbutor address; City; State; Zip Code s, TX 75380 bb title (See Instructions) Employer (See Instructions)

	MONEI	ARY POLITICAL C	ONTRIBUTION	15	SCHEDULE A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 9/14
2	FILER NAME The Beer All	iance of Texas Political Action	Committee		3 Filer ID (Ethics Commission Filers) 00015767
4	Date 05/22/2024	Full name of contributor Huggins III, Joe O. HugginContributor address; City; State	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$56,240.00
_	Deinsinal assu	Houston, TX 77066		Frankria (Can Instructions	Y
8	Principal occu President/CE	pation / Job title (See Instructions) EO	9	Employer (See Instructions Houston Distributing Co	
	Date 06/03/2024	Full name of contributor Johnson, John (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$) \$101,840.00
	Principal occu	Houston, TX 77001 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions)
	President	panem, cos uno (coo monuono)		Silver Eagle Distributor I	
	Date 05/29/2024	Full name of contributor NAU III, JOHN L. (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$) \$15,585.72
	Principal occu	Houston, TX 77219-0130 pation / Job title (See Instructions)	, T	Employer (See Instructions)
	Chairman/Cl	` ` ` ` ` `		Silver Eagle Beverages)
	Date 05/29/2024	Full name of contributor Nau, Barbara (Ms.) Contributor address; City; Sta Houston , TX 77098	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$4,884.92
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Silver Eagle Beverages	
	Date 05/22/2024	Full name of contributor O'Neal, Scott (Mr.) Contributor address; City; Sta Westworth Village, TX 76			Amount of Contribution (\$) \$29,640.00
	Principal occu President/Pa	pation / Job title (See Instructions) artner		Employer (See Instructions KEG1 O'Neal, LLC	

MON	ETARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Ins	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 10/14
2 FILER NA	ME r Alliance of Texas Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015767
4 Date 05/29/20	5 Full name of contributor out-of-state PAC (ID# O'Neal , Timothy A (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$3,040.00
	Texarkana, AZ 71854		
8 Principal Presider	occupation / Job title (See Instructions) t	Employer (See Instructions Eagle Distributing Comp	
Date 06/04/20	Full name of contributor out-of-state PAC (ID# Stepanian, Elizabeth Nau (Mrs.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$12,722.77
	Houston, TX 77019		
Principal Busines:	occupation / Job title (See Instructions) s Owner	Employer (See Instructions Silver Eagle Beverages	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 1/4 Rpt: 11/14	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
06/12/2024	Cortez, Philip (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 276155
Ψ1,000.00	1 0 BOX 210130
Expenditure from	0 4
corporate funds	San Antonio, TX 78227
8 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
	Campaign contribution
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/30/2024	Darby, Drew (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 3284
Expenditure from corporate funds	San Angelo, TX 76902
PURPOSE	
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	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	⊣
Date	Payee name
06/21/2024	Payee name Hernandez, Ana (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	Post Office Box 15538
Expenditure from	
corporate funds	Houston, TX 77220
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodit odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 12/14	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
06/11/2024	Hickland , Hillary (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	6318 Brayson Oaks Ct.
Expenditure from corporate funds	Belton, TX 76513
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign address
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/29/2024	Hughes, Bryan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	Post Office Box 450
Expenditure from corporate funds	Mineola, TX 75773
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/OI	
Date	Payee name
05/22/2024	Isaac, Carrie (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	100 Commons Road
	#7 -1 25
Expenditure from corporate funds	Dripping Springs, TX 78620
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/OI	4

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	<u>_</u>
Sch: 3/4 Rpt: 13/14	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
06/24/2024	Lopez, Janie (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 2073
·	
Expenditure from corporate funds	San Benito, TX 78586
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign sommune.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/12/2024	McLaughlin, Don (The Honorable)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1005 Congress Ave.
	Suite 400
Expenditure from corporate funds	Austin, TX 78701
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/20/2024	Morales , Christina (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6606 Lawndale Street
, , ,	
Expenditure from corporate funds	Houston , TX 77023
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 if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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
TTHER (output a colorograph and 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: 4/4 Rpt: 14/14	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
05/30/2024	Shaw, Penny (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 925991
- Cynanditura fram	
Expenditure from corporate funds	Houston , TX 77292
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
05/21/2024	Walle , Armando (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	4101 Washington Ave.,
Expenditure from	
corporate funds	Houston , TX 77007
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
	Campaign contribution
Commission ONLL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	