MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

-					
Tł	ne MPAC Instruction (2 Total pages filed: 8			
3	00080254 3 COMMITTEE NAME			OFFICE USE ONLY	
	Keurig Dr Pepper Inc. Political Action Committee				
	0 11				
				ELECTRONICALLY FILED	
				08/01/2024	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP		
	ADDITESS	6425 Hall of Fame Lane			
		Frisco, TX 75034		Date Hand-delivered or Date Postmarked	
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI		
	NAME	Mr. Dan		Receipt # Amount	
		NICKNAME LAST	SUFFIX	Date Processed	
		Morrell		Date Imaged	
		Worren			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	.PT / SUITE #; CITY; STA	ATE; ZIP CODE	
	TREASURER	6425 Hall of Fame Lane	, ,	,	
	STREET ADDRESS				
	(Residence or Business)	Frisco, TX 75034			
Ļ	CAMPAIGN				
Ľ	TREASURER		APT / SUITE #; CITY; ST/	ATE; ZIP CODE	
	MAILING	6425 Hall of Fame Lane			
	ADDRESS Change of Address	Frisco, TX 75034			
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
	TREASURER PHONE	(469) 559-5947			
	FHONE	(409) 559-5947			
9	REPORT TYPE	V. Monthly	10th day after campaign		
		X Monthly	treasurer termination	Dissolution (Attach PAC-DR)	
10	MONTHLY				
	REPORT FILING DEADLINE	January 5 April 5	July 5	October 5	
		February 5 May 5	X August 5	November 5	
		March 5 June 5	September 5	December 5	
11	PERIOD COVERED	Month Day Year THROU	JGH Month	Day Year	
	COVERED	06/26/2024	07/25/2	024	
	GO TO PAGE 2				
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7				

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		1			
			13 Filer ID 00080254	(Ethics Commission Filers)	
Keung Dr Pepper Inc. F	Political Action Committe		00080254		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA	· · · · · · · · · · · · · · · · · · ·			
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	23,500.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	172,072.92	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT			I		
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.	rjury, that the a mation require	accompanying report is d to be reported by me	
	Mr. Dan Morrell				
	Signature of Campaign Treasurer				
ΑΗΗΧ ΝΟΓΑΡΥ	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said	, ti	nis the	day	
of	_, 20, to certify w	which, witness my hand and seal of office.			
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of offi	cer administering oath	
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3 3 of 8

17 COMMITTI	(Ethi	cs Commission Filers)		
Keurig Dr	Pepper Inc. Political Action Committee	00080254	_	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	23,500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Keurig Dr Pepper Inc. Political Action Committee Sch: 1/5 Rpt: 4/8 00080254 4 Date 5 Payee name 07/16/2024 AMERICAN BEVERAGE ASSOCIATION POLITICAL ACTION COMMITTEE (AKA AMERICAN 6 Amount (\$) Pavee address: Citv: State; Zip Code \$4,000.00 1275 PENNSYLVANIA AVE NW **SUITE 1100** Expenditure from Washington, DC 20004-2417 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 07/16/2024 CONSUMER BRANDS POLITICAL ACTION COMMITTEE ('CONSUMER BRANDS ASSOCIATION Amount (\$) Payee address; City; State; Zip Code \$4,000.00 1001 19TH ST N 7TH FLOOR Expenditure from Arlington, VA 22209-1722 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/18/2024 Colorado Beverage Association Amount (\$) Payee address; City: State; Zip Code \$2,000.00 1660 Lincoln Street Suite 2910 Expenditure from Denver, CO 80264-2901 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Association Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/5 Rpt: 5/8	Keurig Dr Pepper Inc. Political Action Committee 00080254			
4 Date	5 Payee name			
07/16/2024	FRIENDS OF JAHANA HAYES			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO BOX 1487			
Expenditure from corporate funds	Waterbury, CT 06721-1487			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/22/2024	HALEY STEVENS FOR CONGRESS			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	33717 WOODWARD AVE			
Expenditure from corporate funds	#539 Birmingham, MI 48009-0913			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to Committee 			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held				
Date	Date Payee name			
07/18/2024	Lackey for Assembly 2024			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	43759 15th St. W #27			
Expenditure from corporate funds	Lancaster, CA 93534-4754			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to State Committee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/5 Rpt: 6/8	Keurig Dr Pepper Inc. Political Action Committee00080254			
4 Date	5 Payee name			
07/18/2024	Liz Ortega-Toro for Assembly 2024			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	1700 Tribute Rd., Ste. 201			
Expenditure from corporate funds	Sacramento, CA 95815-4415			
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 Contribution to State Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/18/2024	Maggy Krell for Assembly 2024			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00				
Expenditure from corporate funds	Sacramento, CA 95814-4428			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to State Committee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/18/2024	Mark Gonzalez for Assembly 2024			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	777 S Figueroa St #4050			
Expenditure from corporate funds	Los Angeles, CA 90017-5864			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

Fees

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

1

6

8

9

Date

07/18/2024

Amount (\$)

Expenditure from

OF

EXPENDITURE

corporate funds PURPOSE

4 Date

07/16/2024

Expenditure from

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

\$1,000.00

corporate funds

Amount (\$)

Contributions/ Donations Made By -

Sch: 4/5 Rpt: 7/8

Candidate/Officeholder/Political Committee

\$2,000.00

Total pages Schedule F1: 2 FILER NAME

5

7

Payee name

Payee address;

7th Floor

Payee name

Payee address;

SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Keurig Dr Pepper Inc. Political Action Committee 00080254 NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE City; State; Zip Code 1600 DUKE STREET Alexandria, VA 22314-6102 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Candidate/Officeholder name Office sought Office held New Mexico Beverage Association City; State; Zip Code 2204 Brothers Road Santa Fe, NM 87505-6975 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Association

Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	t Offi	ce held
Date	Payee name			
07/18/2024	Nick Schultz for Assembly 2024			
Amount (\$) \$1,000.00	Payee address; City; S 10137 Riverside Drive	State; Zip Coo		
corporate funds	Toluca Lake, CA 91602-2509			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Co		 Description Check if travel outside of Texas Check if Austin, TX, officeholde Contribution to State Co 	r living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	t Offi	ce held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/5 Rpt: 8/8	Keurig Dr Pepper Inc. Political Action Committee 00080254			
4 Date	5 Payee name			
07/18/2024	Ohio Soft Drink Association PAC			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	1170 OLD HENDERSON ROAD SUITE 201			
	Attn: Kim McConville			
Expenditure from corporate funds	Columbus, OH 43220-3623			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to State Committee 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/18/2024	Oregon Soft Drink Association PAC			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00				
Expenditure from corporate funds	Lake Oswego, OR 97035-0578			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to State Committee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Date Payee name			
07/18/2024	Robert Rivas for Assembly 2024			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	PO Box 2385			
Expenditure from corporate funds	Salinas, CA 93902-2385			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution to State Committee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			