FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080254 3 COMMITTEE NAME **OFFICE USE ONLY** Keurig Dr Pepper Inc. Political Action Committee Date Received **ELECTRONICALLY FILED** 09/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 6425 Hall of Fame Lane Change of Address Frisco, TX 75034 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Dan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Morrell CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 6425 Hall of Fame Lane STREET **ADDRESS** (Residence or Business) Frisco, TX 75034 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 6425 Hall of Fame Lane MAILING **ADDRESS** Change of Address Frisco, TX 75034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 559-5947 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)				
Keurig Dr Pepper Inc	. Political Action Commit	tee	00080254					
A COMMITTEE ACTIVITY	1. Candidates	A. Supported						
ACTIVITY	(Identify by name or, if applicable, classify by party.)							
(Attach lists on plain paper to complete this		B. Opposed						
report if necessary.)								
	2. Measures	A. Supported						
	(Describe by date and location of election and nature of issue.)							
		B. Opposed						
	3. Officeholders Assisted							
	(Identify by name or, if applicable, classify by party.)							
.5 CONTRIBUTION TOTALS		OP CHAPANTEES OF LOANS OF						
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00				
		AL CONTRIBUTIONS	\$	0.00				
	(OTHER THAN PLE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES						
	4. TOTAL POLITICA	AL EXPENDITURES	\$	6,000.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	DAY \$	146,572.91					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	THE \$	0.00					
L6 AFFIDAVIT			<u> </u>					
		I swear, or affirm, under penalty of pe true and correct and includes all info under Title 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me				
		Mr Da	an Morrell					
		Signature of Ca		urer				
VEELA NOTV	RY STAMP / SEAL ABOVE	, and the second	, 3					
		,t	this the	day				
ot	, 20, to certify	which, witness my hand and seal of office.						
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 5
		EE NAME Pepper Inc. Political Action Committee	18 Filer ID 00080254	(Ethics Commission Filers)
		E SUBTOTALS 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.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$	
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	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 6,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense 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	y - al Cor	nmittee	Gift/Awaı Legal Se				Expens Wages	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a		above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Comm	ission Filers)
L	Sch: 1/2 Rpt: 4/5		Keurig Dr P	epper	Inc. Politic	cal Action C	Committ	ee			00080254		
4	Date	5	Payee name										
	08/06/2024		FOOD COU	NCIL	COMMITT	TEE FOR G	OOD (SOV	ERNMENT				
6	Amount (\$)	7	Payee addres	ss;	City;	State;	Zip C	ode					
	\$2,000.00		429 Rivervie	ew Pla	ıza								
L	Expenditure from corporate funds		Trenton, NJ	0861	1-3420								
8	PURPOSE	(a)	Category (Se	e Catego	ories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Don	ations Ma	de By			_			nplete Schedule T.	
			Candidate/C	nticeh	ıoıder/Polit	iicai Comm	ıttee		Contribution 1		officeholder living		
									Johanbauorr	.0 0	Add Comm		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholde	er name	C	Office sou	<u>I</u> ught			Office h	eld	
L	Data	Т											
	Date		Payee name	othy !	Jochul								
	08/06/2024	Friends of Kathy Hochul											
	Amount (\$)		Payee address	•	City;	State;	Zip C	uae					
	\$1,000.00 PO Box 1463												
	Expenditure from corporate funds		New York, N	IY 100	021-0042								
	PURPOSE OF	(a)	Category (Se				edule)	(b)	Description			_	
	EXPENDITURE		Contribution Candidate/C				ittoo		ш		de of Texas. Con officeholder living	nplete Schedule T.	
			Cariuluale/C	micen	ioiuei/Polli	licai Cuiiiii	iilee		Contribution 1				
										_			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholde	er name	C	Office sou	ught			Office h	eld	
	Date		Payee name										
	08/06/2024		Michigan Be	everag	je Associa	tion PAC							
	Amount (\$)		Payee addres	SS;	City;	State;	Zip C	ode					
	\$2,000.00		110 W. Mich	nigan <i>i</i>	Ave, Ste. 3	375							
	Expenditure from corporate funds		Lansing, MI	48933	3-1666								
	PURPOSE	(a)	Category (Se	e Catego	ories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution				:44.5					nplete Schedule T.	
			Candidate/C	πiceh	ioiaer/Polit	iicai Comm	ittee		Contribution 1		officeholder living		
									Continuation		AGO COMMI		
	Complete ONLY if direct		Candidate/Offic	ceholde	er name	C	Office sou	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/OH												

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.))
1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/5	: 2 FILER NAME Keurig Dr Pepper Inc. Political Action Committee 3 Filer ID (Ethics Commission 00080254	ı Filers)
4 Date 08/06/2024 6 Amount (\$)	5 Payee name Pennsylvania Beverage Association PAC 7 Payee address; City; State; Zip Code	
\$1,000.00 Expenditure from corporate funds	215 Pine Street Suite 200 Harrisburg, PA 17101-1318	
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	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	