#### 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** 10/02/2024 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 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 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 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

**GO TO PAGE 2** 

# 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. F	Political Action Committ	tee		000802	,
4 COMMITTEE	Candidates	A. Supported		000002	
ACTIVITY	(Identify by name or, if applicable, classify by party.)	7. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	0 Management	A Cupported			
	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.)				
5 CONTRIBUTION	1		RIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES (	OF LOANS, ÒR ALLY)	\$	0.00
	2. TOTAL POLITICA	AL CONTRIBUTION	NS	s	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR	GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00		
	4. TOTAL POLITICA	AL EXPENDITURE	S	\$	11,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	DAY \$	142,572.91		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE	THE \$	0.00		
6 AFFIDAVIT	<u> </u>				
		true a	ar, or affirm, under penalty of pender and correct and includes all information in Title 15, Election Code.		
			Mr. Da	an Morrell	
			Signature of Ca	ampaign Tre	asurer
AFFIX NOTARY	' STAMP / SEAL ABOVE				
Sworn to and subscribed	I before me, by the said		, t	this the	day
	_, 20, to certify \			·· <del>·</del>	
Signature of officer ad	Iministering oath	Printed name of office	cer administering oath	Title of o	officer administering oath

## **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				3 of 7					
<b>17</b> COMN	MITTE	E NAME	18 Filer ID	(Ethics Commission Filers)					
		(Lance Commission Files)							
	Keurig Dr Pepper Inc. Political Action Committee 00080254  19 SCHEDULE SUBTOTALS								
		SUBTOTAL AMOUNT							
NAME	OFS								
1. [	Х	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	)R	\$					
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$					
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 11,500.00					
11. [		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

## 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		mittee	-ood/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 1/4 Rpt: 4/7		Keurig Dr Pe	epper Inc. Politi	cal Action C	Committe	ee			00080254	
4	Date	5	Payee name						-		
	09/19/2024		BOOZMAN	FOR ARKANSA	AS						
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	ode				
	\$1,500.00		PO BOX 67:	L							
	Expenditure from corporate funds		Rogers, AR	72757-0671							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma				<b>=</b>		de of Texas. Comp	
		'	Candidate/C	fficeholder/Poli	tical Comm	ittee		Contribution t		officeholder living	expense
								Continuulion	io C	Johnninge	
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	laht Iaht			Office he	ld
_	expenditure to benefit C/O		and date/Office	Shough hame			-yııı			Onice He	
	Date	ı	Payee name								
L	09/19/2024	L	CLAUDIA TI	ENNEY FOR C	ONGRESS						
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	ode				
	\$1,000.00		PO BOX 378	3							
_	T Evpondituro from										
L	Expenditure from corporate funds		VICTOR, N	′ 14564							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Ma	ide By			<b>—</b>		de of Texas. Comp	
			Candidate/C	fficeholder/Poli	tical Comm	ıttee		Contribution t		officeholder living	expense
								Continuution	io C	Johnnillee	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office sou	<u>I</u> ught			Office he	ld
_	Data	1									
	Date	ı	Payee name								
	09/19/2024			R CONGRESS							
	Amount (\$)	ı	Payee addres	•	State;	Zip Co	ode				
	\$1,000.00		PO BOX 614	1							
	Expenditure from corporate funds		CELINA, TX	75009							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma				ш		de of Texas. Comp	
	<b></b>		Candidate/C	fficeholder/Poli	tical Comm	ıttee		Contribution t		officeholder living	expense
								Continuution	io C	Johnnillee	
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ıaht			Office he	ld
	expenditure to benefit C/O		a. raidate/Offic	SHOWER HAIRE		300	agrit			Omice He	14

## 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		nittee	Food/Beverage Gift/Awards/Me Legal Services The Instruct	emorials Expe			xpens Vages			Travel in District Travel Out of Di OTHER (enter a		ove)
1	Total pages Schedule F1:	2	ILER NAME			_				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 2/4 Rpt: 5/7	ł	Keurig Dr Po	epper Inc.	Political A	Action C	ommitte	ee			00080254		
4	Date	5 F	Payee name										
	09/18/2024	1	LLINOIS BE	EVERAGE	ASSOC	. PAC							
6	Amount (\$)	<b>7</b> F	Payee addres	s; City	;	State;	Zip Co	ode					
	\$2,000.00	7	712 S 2nd S	5t									
L	Expenditure from corporate funds		Springfield,	IL 62704-2	2541								
8	PURPOSE	(a) (	Category (Se	e Categories li	sted at the top	o of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Contribution						<b>=</b>			plete Schedule T.	
		'	Candidate/C	πiceholde	r/Politica	ı Commi	ttee		Contribution t		officeholder living		
									JOHN DOUGHT	.0 0	AGO COIIIII		
9	Complete ONLY if direct		andidate/Offic	eholder na	me	0	ffice sou	<u>l</u> ıght			Office h	eld	
	expenditure to benefit C/O	H											
	Date	F	Payee name										
	09/19/2024	;	JAKE ELLZI	EY FOR C	ONGRE	SS							
	Amount (\$)	F	Payee addres	s; City		State;	Zip Co	ode					
	\$1,000.00	7	791 HWY 7	7 N									
_	T Evponditure from	9	STE-C #258	}									
L	Expenditure from corporate funds	\	Vaxahachie	e, TX 7516	5-1879								
	PURPOSE	(a) (	Category (Se	e Categories li	sted at the top	o of this sche	edule)	(b)	Description				
	OF EXPENDITURE	(	Contribution	s/Donatio	ns Made	Ву			<b>=</b>			nplete Schedule T.	
	-	'	Candidate/C	officeholde	r/Politica	ı Commi	ttee		Contribution t		officeholder living	g expense	
									Jonan Dation (	C			
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder na	me	0	ffice sou	ıght			Office h	eld	
	Date	F	Payee name										
	08/27/2024	;	JAY OBERN	OLTE FO	R CONG	RESS							
	Amount (\$)	F	Payee addres	s; City		State;	Zip Co	ode					
	\$1,000.00	8	324 S MILLI	EDGE AVI	E STE 10	)1							
	Expenditure from corporate funds	_ /	Athens, GA	30606									
	PURPOSE	(a) (	Category (Se	e Categories li	sted at the top	of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Contribution				#**		ш		de of Texas. Com officeholder living	nplete Schedule T.	
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	Complete ONLY if direct	L Ca	andidate/Offic	ceholder na	me	0	ffice sou	ı <u> </u>			Office h	eld	
	expenditure to benefit C/O	Н											

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Fees

Event Expense

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		Gift/Award Legal Ser	erage Expense Is/Memorials Expen vices truction Guide e	ise		xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed	l above)
1	Total pages Schedule F1:	2 FILEF	NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 3/4 Rpt: 6/7	Keuri	g Dr Pepper I	nc. Political A	Action Co	ommitte	ee			00080254		
4	Date	<b>5</b> Payee	name						•			
	09/19/2024	MILL	ER-MEEKS F	OR CONGRE	ESS							
6	Amount (\$)	<b>7</b> Payee	address;	City;	State;	Zip Co	de					
	\$1,000.00	РО В	OX 33									
	Expenditure from corporate funds	ОТТІ	JMWA, IA 525	501								
8	PURPOSE	(a) Categ	Ory (See Categor	ies listed at the top	of this sched	dule)	(b)	Description				
	OF EXPENDITURE		ributions/Dona					<b>=</b>			plete Schedule T.	
		Cand	idate/Officeho	older/Political	Commit	tee		Contribution t		officeholder living	j expense	
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9	Complete ONLY if direct	Candid	ate/Officeholde	r name	∩f	fice sou	abt			Office he	ald.	
3	expenditure to benefit C/Oh		ate/Oniceriolde	- Hame	OI	11CE 30U	giit			Office ne	=iu	
	Date	Payee	e name									
	09/19/2024	MOU	LTON FOR C	ONGRESS								
	Amount (\$)	Payee	address; (	City;	State;	Zip Co	de	<u> </u>				
	\$1,000.00	PO B	OX 2013									
_	T Evponditure from											
L	Expenditure from corporate funds	Saler	n, MA 01970-	6213								
	PURPOSE	(a) Categ	Ory (See Categor	ies listed at the top	of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Conti	ibutions/Dona	ations Made E	Зу			ш			plete Schedule T.	
		Cand	idate/Officeho	older/Political	Commit	tee				officeholder living	j expense	
								Contribution t	iu C	ommuee		
_	Complete ONLY if direct	Candid	ate/Officeholde	r name	∩f	fice sou	aht			Office he	əlq	
	expenditure to benefit C/O		u.c/Omoenoide	- Hame			y III			Onice ne	JIU	
	Date	Payee	e name									
L	09/19/2024	STRI	CKLAND FOR	R WASHING	TON							
	Amount (\$)	Payee	e address;	City;	State;	Zip Co	de					
	\$1,000.00	4250	MARTIN WA	ΥE								
	- Formanditure ( )	STE	105 PMB 16									
	Expenditure from corporate funds	TAC	DMA, WA 985	16								
	PURPOSE	(a) Categ	Ory (See Categor	ies listed at the top	of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Conti	ibutions/Dona	ations Made E	Зу			ш			plete Schedule T.	
	LAI LADITURE	Cand	idate/Officeho	older/Political	Commit	tee		_		officeholder living	j expense	
								Contribution t	io C	ommittee		
	Complete ONII V if alice at	Con al: -l	oto/Office halala	r nome	<u> </u>	fine sa	ab+			Office	old.	
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholde	паше	Of	fice sou	yııl			Office he	51U	

## 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/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/4 Rpt: 7/7	Keurig Dr Pepper Inc. Political Action Committee 00080254
4 Date 09/19/2024 6 Amount (\$)	5 Payee name WILLIAM TIMMONS FOR CONGRESS 7 Payee address; City; State; Zip Code
\$1,000.00	PO BOX 3416
Expenditure from corporate funds	GREENVILLE, SC 29602
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 Committee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held