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** 10/07/2024 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 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		.				
L2 COMMITTEE NAME		1	13 Filer ID	(Ethics Commission Filers)		
Wholesale Beer Dist	ributors Of Texas PAC		00015672	•		
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				
	0. Матания	A Cupported				
	Measures (Describe by date and location	A. Supported				
	of election and nature of issue.)					
		B. Opposed				
	3. Officeholders	Barbara Gervin-Hawkins State	Representa	tive		
	Assisted (Identify by name or, if applicable, classify by party.)		110010001100			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN				
TOTALS	CONTRIBUTIONS N	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold				
	2. TOTAL POLITICA					
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	56,265.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST DESCRIPTION OF THE DESCRIPTI	DAY \$	183,149.91		
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00		
.6 AFFIDAVIT			<u> </u>			
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.	jury, that the a	accompanying report is d to be reported by me		
		Mr. Tom	Snilman			
		Signature of Can	-	urer		
AFFIX NOTA	RY STAMP / SEAL ABOVE	Š	, ,			
Sworn to and subscril	ped before me, by the said	, th	is the	day		
		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		

					Page 3 of 32
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	s 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.)		Drew Darby State Representativ	re	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Don McLaughlin State Represer	ntative	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John McQueeny State Represer	ntative	
(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.)				

					Page 4 of 32
L2 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.)		Joanne Shofner State Represer	ntative	
(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.)		Jay Dean 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Stan Lambert State Representa	tive	

				Page 5 of 32
			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			
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.))	Angelia Orr State Representativ	re	
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.)		Gene Wu State Representative		
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			
	В. Оррозса			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Carol Alvarado State Senator		
	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.)	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.) 4. Supported Describe by date and location of election and nature of issue.) 5. Opposed Describe by date and location of election and nature of issue.) 6. Supported Describe by date and location of election and nature of issue.) 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed Describe by date and location of election and nature of issue.) 8. Opposed Describe by date and location of election and nature of issue.) 8. Opposed Describe by date and location of election and nature of issue.) 8. Opposed Describe by date and location of election and nature of issue.)	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 Angelia Orr State Representative Assisted (identify by name or, if applicable, classify by party.) B. Opposed 4. Supported 5. Opposed 6. Opposed 7. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 9. Opposed 7. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by date and location of election and nature of issue.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by date and location of election and nature of issue.) 8. Opposed 7. Supported 8. Opposed 9. 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	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 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders As Supported (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. Carol Alvarado State Senator (Identify by name or, if applicable, classify by party.) B. Opposed Carol Alvarado State Senator (Identify by name or, if applicable, classify by party.) B. Opposed Carol Alvarado State Senator (Identify by name or, if applicable, classify by party.) Carol Alvarado State Senator (Identify by name or, if applicable, classify by party.) Carol Alvarado State Senator

					Page 6 of 32
2 COMMITTEE NAME			1	13 Filer ID	(Ethics Commission Filers)
/holesale Beer Distributo	rs Of Texas PAC			00015672	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Linda Garcia State Representati	ive	
(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.)				
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		Ann Johnson State Representat	tive	
COMMITTEE	applicable, classify by party.)		Cimmone State E		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lauren Ashley Simmons State F	Representative	
(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			
	That is a second of the second	B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.))			

					Page 7 of 32
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			
	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.)		John Bryant State Representativ	/e	
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.)		Ron Reynolds 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.)		Hubert Vo State Representative		

					Page 8 of 32
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.)				
(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.)		Stan Kitzman State Representat	tive	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Barry 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.)		AJ Louderback State Represent	ative	
(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				

						Page 9 of 32
L2 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.)		Caroline Fairly S	tate Representa	itive	
(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.))				
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.)		Liz Campos Stat	e Representativ	e	
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.)		Ken King State F	Representative		

						Page 10 of 32
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	s 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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))	Christian Manuel S	State Represe	ntative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Solomon Ortiz Jr.	State Represe	entative	
(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.)					
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. Opposea				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Joesy Garcia State	e Representat	ive	
	location of election and nature of issue.) 3. Officeholders Assisted	B. Opposed	Joesy Garcia State	e Representat	ive	

					Page 11 of 32
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.)				
(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.)		David Spiller State Representat	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.)		Donna Howard State Represent	tative	
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.)		Charlie Geren State Representa	ative	

						Page 12 of 32
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.)	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.)		Sam Harless S	State Representat	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.)		Greg Bonnen	State Representa	tive	
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.)		Stan Gerdes S	state Representati	ive	

					Page 13 of 32
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.)		Keresa Richardson State Repr	esentative	
(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			1
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Morgan State Representa	tive	
(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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Janis Holt State Representative	2	
(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.)				
	applicable, classify by party.)				

					Page 14 of 32
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.)		Pat Curry 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	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			
		Б. Оррозец			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Ben Bumgarner State Represer	ntative	

					Page 15 of 32
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.)	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.)		Cody Harris State Representative	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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Cesar Blanco State Senator		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cassandra Hernandez State Re	presentative	
(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.)				

FORM MPAC

				ADDENDUM
				Page 16 of 32
			13 Filer ID	(Ethics Commission Filers)
rs 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.)		Morgan LaMantia State Senator		
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 name)		Dustin Burrows State Represent	ative	
	(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	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.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted A. Supported	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 A. Supported Morgan LaMantia State Senator A. Supported A. Supported B. Opposed A. Supported Dustin Burrows State Represent Assisted (Identify by name or, if applicable, classify by party.) B. Opposed Dustin Burrows State Represent Assisted (Identify by name or, if applicable, classify by party.)	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 Describe by date and location of election and nature of issue.) B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed Dustin Burrows State Representative 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) Dustin Burrows State Representative

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			17 of 32						
	17 COMMITTEE NAME18 Filer IDWholesale Beer Distributors Of Texas PAC00015672								
19 SCHEDULE NAME OF S		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	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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 56,265.00						
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 I TO FILER	RETURNED	\$						

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

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: 1/15 Rpt: 18/32	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
09/23/2024	Alvarado, Carol
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 816 Ralfallen
Expenditure from corporate funds	Houston, TX 77008
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 Check if travel outside of Texas. Complete Schedule T. 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
09/19/2024	Barry, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3503 Boxwood Gate Trail
Expenditure from corporate funds	Pearland, TX 77581
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
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Blanco, Cesar
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	5630 Gateway E.
	Ste 10J
Expenditure from corporate funds	El Paso, TX 79905
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	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/15 Rpt: 19/32	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
09/17/2024	Bonnen, Greg
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
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
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/18/2024	Bryant, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 140977
Expenditure from corporate funds	Dallas, TX 75214
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 Austin TV, officeholder living expenses
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
09/09/2024	Bumgarner, Ben
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5150 Kensington Ct
Expenditure from corporate funds	Flower Mound, TX 75022
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Continution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

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 (outer a category not listed above)

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:	
Sch: 3/15 Rpt: 20/32	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
08/26/2024	Burrows, Dustin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 6170
Expenditure from corporate funds	Lubbock, TX 79493
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/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
09/10/2024	Button, Angie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6914 Clear Springs Creek
Expenditure from corporate funds	Garland, TX 75044
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 Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ÿ
Data	Para a same
Date	Payee name
09/17/2024	Campos, Liz
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1028 Rigsby
Expenditure from	
corporate funds	San Antonio, TX 78210
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 CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ 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

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		mmittee	Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	s Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above))
1	Total pages Schedule F1:	2	FILER NAME		· · · · · ·				3	Filer ID	(Ethics Commission	Filers)
	Sch: 4/15 Rpt: 21/32		Wholesale I	Beer Distributo	rs Of Texas I	PAC	_			00015672		
4	Date	5	Payee name									
	09/12/2024		Curry, Pat									
6	Amount (\$)	7	Payee addre		State;	Zip C	ode					
	\$1,000.00		204 Woodh	ew Drive								
	Expenditure from corporate funds		Waco, TX 7	6712								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ns/Donations M				=		de of Texas. Com		
			Candidate/0	Officeholder/Po	iitical Comm	ittee		Campaign Co		officeholder living	g expense	
								Campaign CC	אוונו	เมนแบบ		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI											
	Date		Payee name	<u> </u>								
	09/25/2024		Darby, Drev	V								
	Amount (\$)	Г	Payee addre	ss; City;	State;	Zip C	ode					
	\$1,500.00		36 W. Beau	regard, Ste 51	7							
	Expenditure from corporate funds		San Angelo	, TX 76903								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	ns/Donations M	lade By					de of Texas. Com		
			Candidate/0	Officeholder/Po	litical Comm	ittee		Campaign Co		officeholder living	g expense	
								Sampaign CC	JIILI	i.SutiOII		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office so	ught			Office he	eld	
L	expenditure to benefit C/OI											
	Date		Payee name									
	09/24/2024		Dean, Jay				_					
	Amount (\$)		Payee addre		State;	Zip C	ode					
	\$1,000.00		PO Box 195	52								
	Expenditure from			-V 75000								
L	corporate funds		Longview, 1	X 75606								
	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description	a	do of Tours O	nlata Cabadida T	
	EXPENDITURE			ns/Donations M Officeholder/Po		ittee				de of Texas. Com officeholder living		
			Canuluale/(Jiliceriolaei/P0	mucai Cumili	illee		Campaign Co			,,	
								, 5				
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н										

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/15 Rpt: 22/32	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
09/17/2024	Fairly, Caroline
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	109 Chucker Street
Expenditure from corporate funds	Amarillo, TX 79124
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Garcia, Josey
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	110 E. Houston St.
Evponditure from	7th Floor, Box 176
Expenditure from corporate funds	San Antonio, TX 78205
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/18/2024	Garcia, Linda
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	912 Sumac Drive
Expenditure from corporate funds	Dallas, TX 75217
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/O	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 -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 6/15 Rpt: 23/32	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
09/16/2024	Gerdes, Stan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	606 Gresham St.
Expenditure from corporate funds	Smithville, TX 78957
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
09/17/2024	Geren, Charlie
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. box 1440
Ψ2,500.00	1.0. box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
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.
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
Date	Payee name
09/25/2024	Gervin-Hawkins, Barbara
Amount (\$)	·
` *	
\$1,000.00	PO Box 39602
Expenditure from corporate funds	San Antonio, TX 78218
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
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

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		nmittee	Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	s Expense		Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed ab	oove)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 7/15 Rpt: 24/32		Wholesale I	Beer Distributor	rs Of Texas I	PAC				00015672		
4	Date	5	Payee name								<u> </u>	
	09/17/2024		Harless, Sa	m 								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode				<u> </u>	
	\$1,500.00		15814 Char	npions Forest								
	Expenditure from		PMB 312									
L	corporate funds	L	Spring, TX	77379								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ns/Donations M		:44		=			plete Schedule T.	
			Candidate/0	Officeholder/Po	iilical Comm	щее		Campaign Co		officeholder living	exherise	
								Jampaign	الما ، د			
	Complete ONLY if direct		andidate/Offi	ceholder name	C	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/03/2024		Harris, Cody	У								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode					
	\$1,000.00		100 Avenue	: A								
	- Evpanditura franc											
	Expenditure from corporate funds		Palestine, T	X 75801								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		:					plete Schedule T.	
			Candidate/0	Officeholder/Po	litical Comm	ıttee		Campaign Co		officeholder living	j expense	
								Campaign O	J. 111			
	Complete ONLY if direct		andidate/Offi	ceholder name	C	office so	ught			Office he	eld	
	expenditure to benefit C/O	H										
	Date		Payee name									
	08/27/2024		Hernandez,	Cassandra								
	Amount (\$)	ı	Payee addres		State;	Zip C	ode					
	\$1,000.00		PO Box 128	39								
	Expenditure from corporate funds		Addison, TX	75001								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		•		ш			plete Schedule T.	
			Candidate/0	Officeholder/Po	litical Comm	ittee		Campaign Co		officeholder living	j expense	
								Campaign	J1111	ibution		
	Complete ONLY if direct	C	andidate/Offi	ceholder name	C	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/O	Н					-					

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)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 8/15 Rpt: 25/32	2 FILER NAME Wholesale Beer Distributors Of Texas PAC 3 Filer ID (Ethics Commission Filers) 00015672
4 Date	5 Payee name
09/12/2024	Holt, Janis
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4246 Clearlake Road
Expenditure from	Kountze, TX 77625
corporate funds	Rounize, 17 17025
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Howard, Donna
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	P.O. Box 270909
Expenditure from	
corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
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
	Campaign Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/18/2024	Johnson, Ann
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
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/O	
•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 9/15 Rpt: 26/32	Wholesale Beer Distributors Of Texas PAC 00015672				
4 Date	5 Payee name				
09/17/2024	King, Ken				
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO Box 517				
Ψ2,300.00	FO BOX 317				
Expenditure from corporate funds	Canadian, TX 79014				
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				
	Candidate/Officeholder/Political Committee				
	Campaign Continuation				
Complete ONLY if direct expenditure to benefit C/Oi	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/18/2024	Kitzman, Stan				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	PO Box 553				
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 Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaigh Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
08/26/2024	LaMantia, Morgan				
Amount (\$)	Payee address; City; State; Zip Code				
\$10,000.00	1324 E. Madison				
Expenditure from corporate funds	Brownsville, TX 78520				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaign Continuution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				
<u></u>					

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 10/15 Rpt: 27/32	Wholesale Beer Distributors Of Texas PAC 00015672				
4 Date	5 Payee name				
09/24/2024	Lambert, Stan				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	PO Box 3752				
Ψ1,000.00	1 0 80% 3732				
Expenditure from					
corporate funds	Abilene, TX 79604				
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				
expenditure to benefit C/Oi					
Date	Payee name				
09/19/2024	Louderback, A.J.				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	PO Box 1792				
\$2,000.00	1 0 50% 1102				
Expenditure from	V6 4 2 1 TV 77000				
corporate funds	Victoria, TX 77902				
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 Continuution				
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				
09/17/2024	Manuel, Christian				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	3801 Turtlecreek Dr				
, ,					
Expenditure from	Port Arthur, TV 77642				
corporate funds	Port Arthur, TX 77642				
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				
	Candidate/Officeholder/Political Committee				
	Sampaigh Continuation				
Complete CNII V if alia	Condidate/Officeholder name Office cought				
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 -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment				
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)			
Sch: 11/15 Rpt: 28/32	Wholesale Beer Distributors Of Texas PAC 00015672			
4 Date	5 Payee name			
09/25/2024	McLaughlin, Don			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 1707			
Expenditure from corporate funds	Uvalde, TX 78802			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
09/25/2024	McQueeney, John			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 100458			
Expenditure from corporate funds	Fort Worth, TX 76185			
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	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	1			
Date	Payee name			
09/12/2024	Morgan, Matt			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	503 FM 359			
	Suite 130			
Expenditure from corporate funds	Richmond, TX 77406			
PURPOSE	1			
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 Candidate (Officeholder living expense)			
	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)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

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:			
Sch: 12/15 Rpt: 29/32	Wholesale Beer Distributors Of Texas PAC 00015672		
4 Date	5 Payee name		
09/23/2024	Orr, Angelia		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO Box 113		
Expenditure from corporate funds	Itasca, TX 76055		
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		
	Campaign Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	-		
Date	Payee name		
09/17/2024	Ortiz Jr., Solomon		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 286		
Expenditure from corporate funds	Corpus Christi, TX 78403		
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		
Commission ONLY if dispose	Condidate/Office helds name Office accepts		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/18/2024	Reynolds, Ron (Mr.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	6140 Hwy. 6 South #233		
Expenditure from			
corporate funds	Missouri City, TX 77459		
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	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct 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

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

Candidate/Officeholder/Politica Credit Card Payment			
ordan dara r ayınısın	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 13/15 Rpt: 30/32	Wholesale Beer Distributors Of Texas PAC 00015672		
4 Date	5 Payee name		
09/12/2024	Richardson, Keresa		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO Box 1179		
Expenditure from corporate funds	McKinney, TX 75070		
		_	
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	Check if travel outside of Texas. Complete Schedule T.	
	Campaign Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
	-		
Date	Payee name		
09/25/2024	Shofner, Joanne		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	638A North University Drive		
	#177		
Expenditure from corporate funds	Nacogdoches, TX 75961		
•		_	
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		
	Campaign Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
expenditure to benefit C/O			
·			
Date	Payee name		
09/18/2024	Simmons, Lauren Ashley		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 56386		
Expenditure from corporate funds	Houston, TX 77256		
•			
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		
	Campaign Contribution		
	Campaign Contribution		
Complete CNII V if divers	Condidate/Officeholder name Office cought Office hold	_	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 14/15 Rpt: 31/32	Wholesale Beer Distributors Of Texas PAC 00015672				
4 Date	5 Payee name				
09/17/2024	Spiller, David				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	PO Box 447				
Expenditure from corporate funds	Jacksboro, TX 76458				
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/Ol	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
08/30/2024	The Austin Club				
Amount (\$)	Payee address; City; State; Zip Code				
\$265.00					
Ψ200.00	110 2. 341 34331				
Expenditure from corporate funds	Austin, TX 78701				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense In-kind contribution for refreshments for the Roland				
	Gutierrez reception.				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/18/2024	Vo, Hubert				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	11360 Bellaire Blvd.				
φ1,000.00					
Expenditure from	Suite 880				
corporate funds	Houston, TX 77072				
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 ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct 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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Out of District R (enter a category not listed above)	
1 Total pages Schedule F1:	1: 2 FILER NAME 3 Filer	D (Ethics Commission Filers)	
Sch: 15/15 Rpt: 32/32		5672	
4 Date	5 Payee name		
09/23/2024	Wu, Gene		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO Box 742442		
Expenditure from corporate funds	Houston, TX 77274		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	year Camplete Cabadula T	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of To	*	
	Campaign Contribution		
	- Campaign Continuation	···	
O Committee ONII V if alive at	Our distance (Office Includes many)	NEC - In all I	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	ct Candidate/Officeholder name Office sought C C/OH	Office held	