#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015767 3 COMMITTEE NAME **OFFICE USE ONLY** The Beer Alliance of Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 502 E. 11th Street Date Hand-delivered or Date Postmarked Suite 420 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard W. NAME NICKNAME LAST **SUFFIX** Rick Donley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 502 East 11th Street STREET **ADDRESS** Suite 420 (Residence or Business) Austin, TX 78701-1643 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 502 E. 11th St., Ste. 420 MAILING **ADDRESS** Austin, TX 78701-2656 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 474-5378 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

		1	
2 COMMITTEE NAME		13 Filer II	
The Beer Alliance of Texas Politica	Il Action Committee	00015	i767
4 COMMITTEE 1. Candida	tes A. Supported		
ACTIVITY (Identify by nam applicable, class			
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2.11	A. Circumstant		
2. Measure	A. Supported ate and location		
	nature of issue.)		
	B. Opposed		
3. Officeho	olders The F	Honorable Ken Paxton Attorney C	General
Assisted (Identify by nam applicable, clas	ne or, if		
	UNITEMIZED POLITICAL CONTRIE		
CONTR	ES, LOANS, OR GUARANTEES OF IBUTIONS MADE ELECTRONICAL re if this report qualifies for the higher iten	LY)	0.00
	POLITICAL CONTRIBUTIONS		
(OTHER	R THAN PLEDGES, LOANS, OR GU	JARANTEES OF LOANS)	0.00
EXPENDITURE 3. TOTAL TOTALS	UNITEMIZED POLITICAL EXPEND	TURES \$	0.00
4. TOTAL	POLITICAL EXPENDITURES	\$	63,000.00
	POLITICAL CONTRIBUTIONS MAIN REPORTING PERIOD	NTAINED AS OF THE LAST DAY \$	439,276.47
	PRINCIPAL AMOUNT OF ALL OUT AY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE \$	0.00
6 AFFIDAVIT			
	true and	or affirm, under penalty of perjury, that correct and includes all information recile 15, Election Code.	
		Mr. Richard W. Don	-
		Signature of Campaign Tr	easurer
AFFIX NOTARY STAMP / SE	EAL ABOVE		
Sworn to and subscribed before me, b	by the said	, this the	day
of, 20			

#### FORM GPAC ADDENDUM

Page 3 of 34

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12 COMMITTEE NAME	<u> </u>				13 Filer ID	(Ethics Commission	n Filers)
The Beer Alliance	of Texas Political Action (	Committee			00015767		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plair paper to complete the report if necessary.)	nis	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.)		Sen. Angela Paxto	on State Sen	ator		
COMMITTEE	1. Candidates		Mr. Brent Hagenbu	ıch State Rei	nresentative		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Wil. Brenk Tragenso	don State Re	presentative		
(Attach lists on plair paper to complete the report if necessary.)	nis	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	Mr. Marc LaHood	State Repres	entative		
(Attach lists on plair paper to complete the report if necessary.)	nis	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.)						
	Assisted						

#### FORM GPAC ADDENDUM

Page 4 of 34

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of T	exas Political Action (	Committee		00015767	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Mitch Little State Represer	ntative	
(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	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			
	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.)		Rep. Jeff Leach State Represe	entative	
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.)		Rep. John Lujan State Repres	sentative	

## FORM GPAC ADDENDUM

Page 5 of 34

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee		00015767	
	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.)		Rep. Will Metcalf State Represe	entative	
	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.)		Rep. Morgan Meyer State Repre	esentative	
	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.)		Rep. Matt Shaheen State Repre	esentative	
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#### FORM GPAC ADDENDUM

Page 6 of 34

COMMITTEE NAME				
				13 Filer ID (Ethics Commission Filers)
The Beer Alliance of Te	xas Political Action C	Committee		00015767
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.)		Rep. Senfronia Thompson State	e Representative
COMMITTEE	1 Candidates	A Supported		
ACTIVITY	(Identify by name or, if	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.)		Rep. Trent Ashby State Represe	entative
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if		Mrs. Katrina Pierson State Repr	esentative
(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  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	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.)  COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  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.)  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.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE (Describe by date and location of election and nature of issue.)  A. Supported (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  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  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (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  2. Measures (Describe by date and location of election and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed	Activity  Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  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. Opposed (Describe by date and location of election and nature of issue.)  7. Measures (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.)  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.)  9. 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.)  8. Opposed (Describe by date and location of election and nature of issue.)  9. Opposed (Describe by date and location of election and nature of issue.)  9. Opposed (Describe by date and location of election and nature of issue.)

## FORM GPAC ADDENDUM

Page 7 of 34

			13 Filer ID (Ethics Commission Filers)
exas Political Action (	Committee		00015767
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.)		Rep. Charles Cunningham Stat	te Representative
1. Candidates	A. Supported		
(Identify by name or, if applicable, classify by party.)			
	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		Rep. John Bryant State Repres	sentative
1	1	M. Link On in Ohr Brown	
(Identify by name or, if		Ms. Linda Garcia State Represe	entative
	B. Opposed		
Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
Officeholders     Assisted			
	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.)	(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 and location of election and nature of issue.)  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  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. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed	1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify vanee 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  A. Supported  A. Supported  A. Supported  B. Opposed  A. Supported  Ms. Linda Garcia State Represe (identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  B. Opposed

#### FORM GPAC ADDENDUM

Page 8 of 34

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Comm	nittee		00015767	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		upported			
	(Attach lists on plain paper to complete this report if necessary.)		В. О	pposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	upported			
			B. O	pposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Rep. Christian Manuel State Re	presentative	
	COMMITTEE	Candidates	AS	upported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		ирропец			
	(Attach lists on plain paper to complete this report if necessary.)		B. O	pposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	upported			
			В. О	pposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Sen. Kelly Hancock State Senat	tor	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. S	upported			
	(Attach lists on plain paper to complete this report if necessary.)		В. О	pposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. S	upported			
			B. O	pposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Rep. Ramon Romero State Rep	resentative	
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## FORM GPAC ADDENDUM

Page 9 of 34

			13 Filer ID	(Ethics Commission Filers)
exas Political Action (	Committee		00015767	
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.)		Rep. Rhetta Bowers State Rep	resentative	
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.)		Rep. Chris Turner State Repres	sentative	
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		Rep. Nicole Collier State Repres	sentative	
	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.)	(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. Candidates (Identify by name or, if applicable, classify by party.)  5. Candidates (Identify by name or, if applicable, classify by party.)  6. Supported (Identify by name or, if applicable, classify by party.)  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  3. Officeholders Assisted  4. Supported  B. Opposed	1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  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  A. Supported  A. Supported  A. Supported  A. Supported  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Coescribe by date and location of election and nature of issue.)  B. Opposed	exas Political Action Committee  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describs 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.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported (Identify by name or, if applicable, classify by party.)  5. Opposed (Identify by name or, if applicable, classify by party.)  6. Opposed (Identify by name or, if applicable, classify by party.)  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  9. Chris Turner State Representative (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)

## FORM GPAC ADDENDUM

Page 10 of 34

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee			00015767	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed			
			B. Oppose	d			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Sen. Bryan Hughes State Senat	tor	
	COMMITTEE	1. Candidates	A. Support	od			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		.eu			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed			
			B. Oppose	d			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Sen. Nathan Johnson State Re	presentative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed			
			B. Oppose	d			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Sen. Tan Parker State Senator		

## FORM GPAC ADDENDUM

Page 11 of 34

						1 ago 11 01 01
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action (	Committee		00015767	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Josey Garcia State Repres	sentative	
	COMMITTEE	Candidates	<u> </u>			
	ACTIVITY	(Identify by name or, if	A. Supported			
	(Attack lists on plain	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted		Rep. Penny Morales State Repr	esentative	
		(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	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted		Rep. Mary Ann Perez State Rep	presentative	
		(Identify by name or, if applicable, classify by party.)				

## FORM GPAC ADDENDUM

Page 12 of 34

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action (	Committee		00015767	
	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.)		Rep. Terry Meza State Repres	entative	
	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.)		Rep. Todd Hunter State Repres	sentative	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Joan Huffman State Senat	or	

## FORM GPAC ADDENDUM

Page 13 of 34

						1 ago 10 01 0 1
<b>12</b> C	OMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Т	he Beer Alliance of Te	xas Political Action C	Committee		00015767	
<b>14</b> C	OMMITTEE	1. Candidates	A. Supported	Mr. Alan Schoolcraft State Rep	l resentative	
	CTIVITY	(Identify by name or, if applicable, classify by party.)		Wit. Alair Schoolcraft State Repl	cscmanc	
p	Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
		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.)				
	*OMMITTEE			Ma Aiaha Davia Chata Bassad O	. Fal	
	COMMITTEE CTIVITY	Candidates  (Identify by name or, if	A. Supported	Ms. Aicha Davis State Board O	Education	
	Attack lists on which	applicable, classify by party.)				
p	Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and	A. Supported			
		location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
p	Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted		Rep. Terry Canales State Repre	esentative	
		(Identify by name or, if applicable, classify by party.)				

## FORM GPAC ADDENDUM

Page 14 of 34

						Fage 14 01 34
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee		00015767	
	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.)		Sen. Royce West State Senato	r	
	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.)		Rep. Caroline Harris Davila Stat	e Representati	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.)		Rep. Giovanni Capriglione State	e Representativ	e

## FORM GPAC ADDENDUM

Page 15 of 34

					1 age 10 01 0 1
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of T	exas Political Action (	Committee		00015767	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Rep. Keith Bell State Represent	tative	
COMMITTEE	Candidates	A. Supported			
ACTIVITY	(Identify by name or, if				
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted		Rep. Gary VanDeaver State Re	presentative	
	(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	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted		Rep. Bum Bumgarner State Re	presentative	
	(Identify by name or, if applicable, classify by party.)				

## FORM GPAC ADDENDUM

Page 16 of 34

						1 age 10 01 0 1
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of Texas Political Action			Committee		00015767	
14	COMMITTEE	1. Candidates	A. Supported		I	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Mike Schofield State Repr	esentative	
	COMMITTEE	Candidates		Mr. Woo Virdall State Depresser	totivo	
	ACTIVITY	(Identify by name or, if	A. Supported	Mr. Wes Virdell State Represen	ıalive	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Ms. Charlene Ward Johnson Sta	ate Representa	tive
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				

## FORM GPAC ADDENDUM

Page 17 of 34

					1 ago 11 0101
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance	of Texas Political Action (	Committee		00015767	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete thi report if necessary.)	S	B. Opposed			
	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.)		Sen. Paul Bettencourt State Ser	nator	
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if	A. Supported			
(Attach lists on plain	applicable, classify by party.)				
(Attach lists on plain paper to complete thi report if necessary.)	s	B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted		Sen. Phil King State Senator		
	(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 thi report if necessary.)	s	B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted		Rep. Carl Tepper State Repres	entative	
	(Identify by name or, if applicable, classify by party.)				

#### **SUBTOTALS - GPAC**

#### FORM GPAC **COVER SHEET PG 3**

18 of 34				
17 COMMITTI The Beer	(Ethics Commission Filers)			
19 SCHEDUL NAME OF	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	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 63,000.00	
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 CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

#### SCHEDULE F1

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

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

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

rsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 19/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/08/2024	Ashby , Trent (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O Box 412
Expenditure from corporate funds	Lufkin, TX 75902
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.
O Complete CNII V if direct	Condidate/Officeholder name Office cought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Power name
10/08/2024	Payee name  Bell, Keith (Rep.)
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1178
Expenditure from	
corporate funds	Forney, TX 75126
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/OI	н
Date	Payee name
10/17/2024	Bettencourt, Paul (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1 E. Greenway Plaza
	Ste 225
Expenditure from corporate funds	Houston, TX 77049
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  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	

#### SCHEDULE F1

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

nbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Calcula F1:	
1 Total pages Schedule F1: Sch: 2/16 Rpt: 20/34	2 FILER NAME The Beer Alliance of Texas Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015767
4 Date	5 Payee name
10/11/2024	Bowers, Rhetta
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3526 Lakeview Parkway
	Ste. B # 211
Expenditure from corporate funds	Rowlett, TX 75088
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	Continuodions/Donations Made By  Candidate/Officeholder/Political Committee  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
10/11/2024	Bryant, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 140977
Ψ1,000.00	1 0 50% 140011
Expenditure from corporate funds	Dallas, TX 75214
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	Bumgarner, Ben (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1520 Redwood Crest Lane
Ψ1,000.00	1020 Nouwood Orest Edite
Expenditure from corporate funds	Flower Mound , TX 75028
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/16 Rpt: 21/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/11/2024	Canales, Terry (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	310 S Closner Blvd.
Expenditure from corporate funds	Edinburg, TX 78539
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/08/2024	Capriglione, Giovanni (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 92007
Expenditure from	
corporate funds	Southlake, TX 76092
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
SAPORTICIO DO DORIONE O/O	
Date	Payee name
10/11/2024	Collier, Nicole (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 24241
Expenditure from corporate funds	Fort Worth, TX 76124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Condidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee Campaign contribution.
	Sampang. Sambanan
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By-Candidate/Officeholder/Political 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/16 Rpt: 22/34	2 FILER NAME The Beer Alliance of Texas Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015767			
4 Date	5 Payee name			
10/08/2024	Cunningham, Charles (Mr.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 41964			
Expenditure from				
corporate funds	Houston, TX 77241			
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			
Date	Payee name			
10/11/2024	Davis , Aicha (Ms.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	608 Tara Drive			
φουυ.υυ	000 Tala Dilve			
Expenditure from				
corporate funds	DeSoto, TX 75115			
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.			
2 1 2 2 1 1 2 1 1				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/11/2024	Garcia, Josey (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	702 Richland Hills Dr.			
	Box # 760578			
Expenditure from corporate funds	San Antonio, TX 78245			
PURPOSE				
OF PURPOSE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  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	<del>1</del>			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 5/16 Rpt: 23/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/11/2024	Garcia, Linda (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	539 W Commerce St.,
	# 4808
Expenditure from corporate funds	Dallas , TX 75208
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
10/11/2024	Hagenbuch, Brent (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	2800 Shoreline Dr.,
Evpanditura from	# 310
Expenditure from corporate funds	Denton, TX 76210
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/OI	<del>-</del>
Date	Payee name
10/11/2024	Hancock, Kelly (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 821349
\$0,000.00	
Expenditure from	North Diabland Hills TV 76400
corporate funds	North Richland Hills , TX 76182
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
	Sampang. Sambanan
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>

#### 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 Commi

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 (enter 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/16 Rpt: 24/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/09/2024	Harris Davila, Caroline (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contirbution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/11/2024	Hernandez, Cassandra (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1289
Ψ1,000.00	1 0 BOX 1200
Expenditure from	A 115 TV 75004
corporate funds	Addison, TX 75001
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 CNU V if all	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 3 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5	
Date	Payee name
10/11/2024	Huffman, Joan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3375 Westpark Drive
	Ste 135
Expenditure from corporate funds	Houston, TX 77005
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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

Contributions/ Donations Made By 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: 7/16 Rpt: 25/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/11/2024	Hughes, Bryan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 450
Expenditure from corporate funds	Mineola, TX 75773
8 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.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
10/11/2024	Hunter, Todd (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	445 Cape Henry Drive
Ψ1,000.00	440 Cape Helly Drive
Expenditure from	0
corporate funds	Corpus Christi, TX 78412
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
10/11/2024	Johnson , Nathan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
Evpanditura from	
Expenditure from corporate funds	Dallas, TX 75367
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
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
experience to belieff C/OI	•

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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:	· · · · · · · · · · · · · · · · · · ·
Sch: 8/16 Rpt: 26/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/21/2024	King , Phil (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1913
Expenditure from corporate funds	Weatherford , TX 76086
8 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.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	LaHood, Marc (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4014 McCullough Ave.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite 420
Expenditure from	
corporate funds	San Antonio, TX 78703
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officerioider/Political Committee Campaign contribution
	Campaign commutation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	Leach, Jeff (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	800 Glen Rose Drive
Ψ1,000.00	300 GICH NOSC BINC
Expenditure from corporate funds	Allen , TX 75013
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefit C/O	<u>'</u>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

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: 9/16 Rpt: 27/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/11/2024	Little, Mitch (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1505 Elm Street
Expenditure from	Suite 1601
corporate funds	Dallas, TX 75201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	Lujan, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 14479
Expenditure from corporate funds	San Antonio , TX 78214
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	
Date	Payee name
10/11/2024	Manuel, Christian (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3801 Turtle Creek Drive
Expenditure from 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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	, , , , , , , , , , , , , , , , , , ,
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: 10/16 Rpt: 28/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/11/2024	Metcalf, Will (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	Post Office Box 454
Expenditure from corporate funds	Conroe, TX 77301
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
experialitate to beliefit 6/61	<u>'</u>
Date	Payee name
10/11/2024	Meyer , Morgan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3838 Oak Lawn Avenue
	Suite 400
Expenditure from corporate funds	Dallas, TX 75219
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	Meza, Terry
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 155076
Expenditure from corporate funds	Irving, TX 75015
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 continuution.
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 Commit 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	
4 Total manua Cabadula F1.	
1 Total pages Schedule F1: Sch: 11/16 Rpt: 29/34	2 FILER NAME The Beer Alliance of Texas Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015767
4 Date	5 Payee name
10/11/2024	Morales Shaw, Penny (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 925652
Expenditure from corporate funds	Houston , TX 77292
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	Parker, Tan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 271741
\$1,500.00	PO BOX 271741
Expenditure from corporate funds	Flower Mound, TX 75027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2024	Paxton, Angela (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	P.O. Box 2878
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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 marian Cabadula E1.	
1 Total pages Schedule F1: Sch: 12/16 Rpt: 30/34	2 FILER NAME The Beer Alliance of Texas Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015767
4 Date	5 Payee name
10/11/2024	Paxton, Ken (The Honorable)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 3476
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  Candidate/Officeholder   Check if Austin, TX, officeholder living expense
	Campaign contribution
	Sampaigh continuation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/01	
Date	Payee name
10/11/2024	Perez, Mary Ann (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6200 Gulf Freeway
Ψ000.00	· · · · · · · · · · · · · · · · · · ·
Expenditure from	Suite 125
corporate funds	Houston, TX 77023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/08/2024	Pierson, Katrina (Ms.)
	· · ·
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 672
Expenditure from	
corporate funds	Rockwall, TX 75087
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 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	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/16 Rpt: 31/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/11/2024	Romero , Ramon (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 181
- "	
Expenditure from corporate funds	Fort Worth , TX 76101
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
Date	Power name
10/11/2024	Payee name Schofield Mike (Pop.)
	Schofield, Mike (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	934 Hidden Canyon Road
Expenditure from	
corporate funds	Katy , TX 77450
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/11/2024	Schoolcraft, Alan (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	8647 FM 725
Expenditure from corporate funds	McQueeney, TX 78123
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

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: 14/16 Rpt: 32/34	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
10/11/2024	Shaheen, Matt (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3917 Malton Drive
Expenditure from corporate funds	Plano , TX 75025
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.
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/21/2024	Tepper, Carl (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 94534
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaigh contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/08/2024	Thompson , Senfronia (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	4828 Loop Central Drive
	Ste.# 600
Expenditure from corporate funds	Houston, TX 77081
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
expenditure to benefit C/O	

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 15/16 Rpt: 33/34	2 FILER NAME The Beer Alliance of Texas Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015767
4 Date	5 Payee name
10/11/2024	Turner, Chris (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 182093
Expenditure from corporate funds	Arlington, TX 76096
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.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/08/2024	VanDeaver, Gary (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 866
Ψ000.00	1 .O. BOX 000
Expenditure from corporate funds	New Boston , TX 75570
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/14/2024	Virdell, Wes (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 147
\$1,000.00	PO BOX 147
Expenditure from corporate funds	Brady, TX 76825
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.
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
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 16/16 Rpt: 34/34	2 FILER NAME The Beer Alliance of Texas Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015767
4 Date	
10/16/2024	5 Payee name Ward Johnson , Charlene (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 925775
Expenditure from corporate funds	Houston , TX 77292
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  Campaign contribution.  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/Ol	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/08/2024	West, Royce (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	320 S.R. L Thornton Frwy
Expenditure from corporate funds	Ste. 220 Dallas, TX 75203
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/O	Candidate/Officeholder name Office sought Office held
ехреницие то венен соот	