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) 00082800 3 COMMITTEE NAME **OFFICE USE ONLY** Restaurant & Beverage Alliance of Texas Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 48 Country Oaks Drive Date Hand-delivered or Date Postmarked Change of Address Buda, TX 78610 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Rebecca NAME NICKNAME LAST **SUFFIX** Hatch STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 48 Country Oaks Drive STREET **ADDRESS** (Residence or Business) Buda, TX 78610 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 48 Country Oaks Dr MAILING **ADDRESS** Buda, TX 78610 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 295-9817 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 **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	ID	(Ethics Commission Filers)
Restaurant & Beverage	e Alliance of Texas		0008	2800	
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			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported Ballot ID:null Election Date: Option Electiob B. Opposed	2024-11-05	Desc:	City of Burleson Local
		B. Opposeu			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	:	\$	63,617.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	67,617.85
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS (REPORTING PERIOD	OF THE	\$	0.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.			
		Mrs. F	Rebecca Ha	tch	
		Signature of	Campaign T	reasure	r
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me, by the said _		_, this the		day
		which, witness my hand and seal of office.			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title	of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

Alliance of Texas 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures	A. Supported B. Opposed		13 Filer ID 00082800	(Ethics Commission Filers)
1. Candidates (Identify by name or, if applicable, classify by party.)			00082800	
(Identify by name or, if applicable, classify by party.)				
2. Managuras	B. Opposed			
2 Moscuros				
(Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:null Election Date:2024 Option Election	-11-05 Desc:Ci	ty of Mansfield Local
	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.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:null Election Date:2024 Option Election	-11-05 Desc:Rı	usk County JP 5 Local
	B. Opposed			
Officeholders Assisted (Identify by name or, if				
	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	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 Assisted	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 A. Supported Ballot ID:null Election Date:2024 Option Election B. Opposed 3. Officeholders Assisted (Identify by name or, if	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 A. Supported Ballot ID:null Election Date:2024-11-05 Desc:Ri Option Election B. Opposed 3. Officeholders Assisted (Identify by name or, if

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 11			
17 COMMITT Restaura	EE NAME nt & Beverage Alliance of Texas	18 Filer ID 00082800	(Ethics Commission Filers)			
	19 SCHEDULE SUBTOTALS					
	NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 40,875.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 63,617.98			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/11
2	FILER NAME Restaurant & Beverage Alliance of Texas	3 Filer ID (Ethics Commission Filers) 00082800
4	Date 10/21/2024 5 Full name of contributor out-of-state PAC (ID#:) Elenburg, Kagen 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25,000.00
_	Burleson, TX 76028	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Business owner Self	tions)
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$15,875.00
	Henderson, TX 75652 Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

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

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: 1/6 Rpt: 6/11	Restaurant & Beverage Alliance of Texas 00082800
4 Date	5 Payee name
10/23/2024	Alamo Mailing Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,769.59	13114 Lookout Run
Expenditure from	
corporate funds	San Antonio, TX 78233
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Mailing costs - Mailer 1
	Check if Austin, TX, officeholder living expense Rusk JP 5 local option election
	rasker a local option decided
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/23/2024	Alamo Mailing Company
Amount (\$)	Payee address; City; State; Zip Code
\$2,271.37	13114 Lookout Run
+=,=.=	
Expenditure from corporate funds	San Antonio, TX 78233
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Postage/Mailing for Mailer 1
	Check if Austin, TX, officeholder living expense City of Burleson local option election
	City of Buriesoff lodal option election
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/23/2024	Alamo Mailing Company
Amount (\$)	Payee address; City; State; Zip Code
\$4,180.87	13114 Lookout Run
Ψ4,100.07	10114 Lookout Nam
Expenditure from corporate funds	San Antonio, TX 78233
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Postage/Mailing Mansfield Mailer 1
	Check if Austin, TX, officeholder living expense City of Mansfield local option election
	City of Marisheld local option election
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 7/11	Restaurant & Beverage Alliance of Texas 00082800
4 Date	5 Payee name
10/25/2024	Chism Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$617.20	2906 North State Street
Expenditure from corporate funds	Jackson, MS 39216
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Rusk JP 5 local option election automated SMS
	message
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/0	'
Date	Payee name
10/25/2024	Chism Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$1,440.75	2906 North State Street
Evpanditura from	
Expenditure from corporate funds	Jackson, MS 39216
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	City of Burleson SMS automated message
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date 10/16/2024	Payee name
	Chism Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$2,678.55	2906 North State Street
Expenditure from	
corporate funds	Jackson, MS 39216
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	City of Mansfield local option election SMS text
	messaging
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

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

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

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: 3/6 Rpt: 8/11	Restaurant & Beverage Alliance of Texas 00082800
4 Date	5 Payee name
10/16/2024	Chism Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,065.65	2906 North State Street
Expenditure from corporate funds	Jackson, MS 39216
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense City of Mansfield local option election SMS text
	messaging
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
10/23/2024	Prestige Printing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$854.00	8 Burwood Lane
Expenditure from corporate funds	San Antonio, TX 78216
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Rusk County JP 5 local option election mailer #1
	rask county of a local option deciden make n2
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/23/2024	Prestige Printing LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,940.00	8 Burwood Lane
Expenditure from	
corporate funds	San Antonio, TX 78216
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Rusk County JP 5 local option election mailer #2
	Trask County of 3 local option decalor mailer #2
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 9/11	Restaurant & Beverage Alliance of Texas 00082800
4 Date	5 Payee name
10/18/2024	Strother, Frank (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	710 1st Street
Expenditure from	
corporate funds	Jasper, TX 75951
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Rusk County JP 5 Sign distribution/delivery
	Rusk County of 5 Sign distribution/delivery
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davisa nama
10/25/2024	Payee name Texas Petition Strategies
	-
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	42 Country Oaks Drive
Expenditure from corporate funds	Buda, TX 78610
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Rusk County JP 5 local option election general
	consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
10/25/2024	Texas Petition Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	42 Country Oaks Drive
Ψ1,000.00	42 Soundy Sales Bive
Expenditure from corporate funds	Buda, TX 78610
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Rusk County JP 5 local option election
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)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 10/11	Restaurant & Beverage Alliance of Texas 00082800
4 Date	5 Payee name
10/25/2024	Texas Petition Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	42 Country Oaks Drive
Expenditure from	
corporate funds	Buda, TX 78610
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense City of Burleson local option election
	City of Burlesoff local option election
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/25/2024	Texas Petition Strategies
	-
Amount (\$)	
\$15,000.00	42 Country Oaks Drive
Expenditure from corporate funds	Buda, TX 78610
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense City of Burleson local option election general
	consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
10/25/2024	Texas Petition Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	42 Country Oaks Drive
Ψ2,000.00	42 Country Oaks Drive
Expenditure from corporate funds	Buda, TX 78610
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	City of Mansfield Local Option election general
	consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	y

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

/ - al Committee	Gift/Awards/Memorials Expe Legal Services	ense Prir Sala	iting Expens aries/Wages	se s/Contract Labor		Travel Out of Dis	trict category not listed above)
2 FILER NAM					12	Filer ID	(Ethics Commission Filers)
		e of Texas			ľ	00082800	(Euros Gorinnission Filoro)
5 Payee name	e				•		
7 Pavee addr	ess. Citv.	State: 7ii	. Code				
		Otato, Zi	5 0000				
42 Country	Oaks Dilve						
Buda, TX	78610						
(a) Category (See Categories listed at the top	p of this schedule	(b)	Description			
				ш			
				_			
					field	l Local Optic	n election general
				consulting			
Candidate/Of H	ficeholder name	Office	sought			Office he	ld
	2 FILER NAM Restauran 5 Payee name Texas Peti 7 Payee addre 42 Country Buda, TX 7 (a) Category (c) Consulting	The Instruction Guide 2 FILER NAME Restaurant & Beverage Allianc 5 Payee name Texas Petition Strategies 7 Payee address; City; 42 Country Oaks Drive Buda, TX 78610 (a) Category (See Categories listed at the top Consulting Expense	The Instruction Guide explains how 2 FILER NAME Restaurant & Beverage Alliance of Texas 5 Payee name Texas Petition Strategies 7 Payee address; City; State; Zig 42 Country Oaks Drive Buda, TX 78610 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office	The Instruction Guide explains how to complete Restaurant & Beverage Alliance of Texas Figure 1 Figure 1 File Instruction Guide explains how to complete Restaurant & Beverage Alliance of Texas Figure 1 Figure 1 Figure 2 Finding Expens Salaries/Wages The Instruction Guide explains how to complete Restaurant & Beverage Alliance of Texas Figure 2 Figure 2	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Restaurant & Beverage Alliance of Texas 5 Payee name Texas Petition Strategies 7 Payee address; City; State; Zip Code 42 Country Oaks Drive Buda, TX 78610 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Candidate/Officeholder name Office sought	Committee Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2	Committee Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a the line of this schedule) Travel Out of Dison