MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			-				
Тh	e MPAC Instruction	Guide explains how to complete this for	n. 1	Filer ID (Ethics Commission Filer 00015672	s)		2 Total pages filed: 29
3	COMMITTEE NAME						OFFICE USE ONLY
	Wholesale Beer Di	stributors Of Texas PAC					
							Date Received
							ELECTRONICALLY FILED
							11/05/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	С	ITY; STATE; Z	ZIP		
	ADDRESS	823 Congress Ave., Ste.1313					
	Change of Address	Austin, TX 78701-2429					Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST			MI		Date Hand-delivered of Date Postmarked
ľ	TREASURER	Mr. Tom					Receipt # Amount
	NAME						
							Date Processed
		NICKNAME LAST			SUF	FIX	
		Spilm	an				Date Imaged
		Opini					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	(E).	APT / SUITE #;	CITY;	STA	TE; ZIP CODE
ľ	TREASURER	823 Congress Ave., Ste. 1313	, L),	/« / / OONE //,	onr,	017	
	STREET	623 Congress Ave., Ste. 1313					
	ADDRESS (Residence or Business)						
	(,	Austin, TX 78701-2429					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;		APT / SUITE #;	CITY;	STA	ATE; ZIP CODE
	TREASURER	823 Congress Ave., Ste. 1313					
	MAILING ADDRESS	-					
	Change of Address	Austin, TX 78701-2429					
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBE	۲.	EXTEN	ISION		
	PHONE	(512) 476-0697					
9	REPORT TYPE	X Monthly		10th day after ca		Г	Dissolution (Attach PAC-DR)
				L treasurer termina	ation		
10	MONTHLY		muil E		July F		
	REPORT FILING DEADLINE	January 5	pril 5		July 5		October 5
	DENDENIE	February 5	/lay 5		August 5		X November 5
					O a set a set h a set	_	
		March 5	une 5		September 5	C	December 5
11	PERIOD	Month Day Year			Mor	nth	Day Year
	COVERED	09/26/2024	TH	ROUGH	10/	25/2	024
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		G	υτο	PAGE 2			
For	ms provided by Tex	as Ethics Commission www	v ethi	cs.state.tx.us			Version V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distribu	itors Of Texas PAC		000156	72
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Lacey Hull State Representativ	/e	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	101,018.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	39,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	246,540.21
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Tom	Spilman	
		Signature of Car		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of o	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

FORM MPAC

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC				00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			1	
(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		Philip Cortez	State Representa	tive	
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Linda Garcia	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Aicha Davis	State Representati	ve	
(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.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Caroline Harris Davila State Rep	presentative	
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Carl Tepper State Representativ	/e	
COMMITTEE		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 (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.)		Paul Bettencourt State Senator		

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						5
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC				00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joanne Shofner S	State Represent	ative	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Briscoe Cain Stat	te Representativ	/e	
	1 Candidataa	A Currented				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if		Trey Martinez Fisc	cher State Repi	resentative	
	applicáble, classify by party.)					

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					1 uge 0 01 25
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Wharton State Represe	entative	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Jeff Leach State Representa	tive	
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Will Metcalf State Represent	ative	
	applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charlene Ward Johnson State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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.) 		Armando Martinez State Repres	sentative	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Jolanda Jones State Representa	ative	
	applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Senfronia Thompson State Repr	resentative	
COMMITTEE		A Cummented			
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Alma Allen State Representative	9	
COMMITTEE		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 (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.)		Royce West State Senator		

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Mike Schofield State Represen	itative	
		A Course ante d			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Terry Canales State Represen	tative	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Charles Cunningham State Re	presentative	

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12 COMMITTEE NAME Wholesale Beer Distributor	rs Of Texas PAC			13 Filer ID 00015672	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Phil King State Senator		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Alan Schoolcraft State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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			13 Filer ID	(Ethics Commission Filers)
s Of Texas PAC			00015672	
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			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if		Brooks Landgraf State Represer	ntative	
 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.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Gary VanDeaver State Represer	ntative	
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			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Trent Ashby State Representativ	/e	
	 Candidates (Identify by name or, if applicable, classify by party.) Measures (Describe by date and location of election and nature of issue.) Officeholders Assisted (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.) Candidates (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)A. Supported1. Candidates (Identify by name or, if applicable, classify by party.)A. Supported2. Measures (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)B. Opposed3. Officeholders (Describe by date and location of election and nature of issue.)A. Supported3. Officeholders (Describe by date and location of election and nature of issue.)A. Supported3. O	1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported 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.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) A. Supported B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed 3. Officeholders A. Supported 3. Officeholders A. Supported <td>s Of Texas PAC 1. Candidates (dentify by name or, if applicable, classify by party.) 2. Measures (Cescribe by date and totation of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 2. Measures (Describe by data and box(and or election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted A. Supported Assisted Assisted</td>	s Of Texas PAC 1. Candidates (dentify by name or, if applicable, classify by party.) 2. Measures (Cescribe by date and totation of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 1. Candidates (dentify by name or, if applicable, classify by party.) 2. Measures (Describe by data and box(and or election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) 3. Officeholders Assisted A. Supported Assisted

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					1 ago 12 01 20
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo				00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Katrina Pierson State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Paul Dyson State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Mary Gonzalez State Represe	entative	
	, , ,	1			

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					1 490 10 01 20
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Brent Hagenbuch State Repres	entative	
(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	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 (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.)		Penny Morales Shaw State Rep	presentative	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Helen Kerwin State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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17 COMMITTEE NAME 18 Filer ID			(Ethics Commission Filers)
Wholesale			
19 SCHEDUL	SUBTOTAL AMOUNT		
	SCHEDULE		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 101,018.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	IR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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 C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 39,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complet	e this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 15/29	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		eer Distributors Of Texas PAC				00015672	
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/11/2024	Brown, Scott					\$1,882.00
		6 Contributor address; City; State; Zip Code					
		New Braunfels, TX 78130					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	A Business I	Person					
	Date	Full name of contributor out-of-state I	PAC (ID#:_)		Amount of Contribution (\$)	
	10/16/2024	Gentry, Kirk					\$1,835.00
		Contributor address; City; State; Zip Code					
		· · · · · · · · · · · · · · · · · · ·					
		Lubbock, TX 79404					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Business Ov	vner					
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Giglio, Charles	· _				\$8,486.00
		Beaumont, TX 77704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	A Business I	Person					
	Date	Full name of contributor 🛛 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	10/16/2024	Hallam, John					\$14,782.50
		Contributor address; City; State; Zip Code					
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	A Business I	Person					
	Date	Full name of contributor 🛛 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	10/16/2024	Hallam Jr., Robert					\$14,782.50
		Contributor address; City; State; Zip Code					
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	A Business I	Person					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 2/3 Rpt: 16/29 2 FLIER NAME Wholesale Beer Distributors OI Texas PAC 3 Flier ID (Ethic Schedule A1: Sch: 2/3 Rpt: 16/29) 4 Date 09/26/2024 5 Full name of contributor Hillard, States ZP, Clobe Temple, TX 76503 7 Amount of Contribution (\$) \$2,621.00 8 Principal occupation / Job tile (See Instructions) Business Conter 9 Employer (See Instructions) Business Conter 9 Employer (See Instructions) Business Conter Amount of Contribution (\$) \$952.00 Date 10/11/2024 Full name of contributor Hopkins Jr, Mike Contributor address, City, State, Zip Code Brenham, TX 77834 Amount of Contribution (\$) \$2,074.00 Amount of Contribution (\$) \$2,074.00 Date 10/10/2024 Full name of contributor Full register Extructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$2,074.00 Date 10/10/2024 Full name of contributor Full register Extructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$3,903.00 Date 10/16/2024 Full name of contributor Full register Extructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$3,903.00 Date 10/16/2024 Full name of contributor Full register Extructions) A Busi					
2 File RNAME 3 File TD (Efficisale Beer Distributors Of Texas PAC 4 Date 00/26/2024 File rame of contributor out-of-state PAC (Der	The Instruction Guide explains how to complete this form.				
Wholesale Beer Distributors Of Texas PAC 00015672 4 Date 5 Full name of contribution	2 FILER NAM	IF			ion Filers)
09/26/2024 Hillard. Stacy \$2,621.00 6 Contributor address: City: State: Zip Code \$2,621.00 7 Temple, TX 76503 9 Employer (See Instructions) Business Owner Pate Full name of contributor out-of-state PAC (De:					
6 Contributor address; City; State; 2ip Code Temple, TX 76503 Pincipal occupation / Job title (See Instructions) Business Owner Pull name of contributor Date Full name of contributor 10/11/2024 Hopkins Jr., Mike Contributor address; City; State; Zip Code Amount of Contribution (\$) S952.00 Brenham, TX 77834 Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Amount of Contribution (\$) Date Full name of contributor 10/10/2024 Full name of contributor Kristen, Mark Amount of Contribution (\$) S2,074.00 Contributor address; City; State; Zip Code Bryan, TX 77803 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Amount of Contributor (\$) Date Full name of contributor ox-of-state PAC (Ibr	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 7 Temple, TX 76503 8 Principal occupation / Job title (See Instructions) Date Full name of contributor 10/11/2024 Full name of contributor Date Full name of contributor 0/11/2024 Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Employer (See Instructions) All name of contributor out-of-state PAC (Der	09/26/202				\$2,621.00
9 Principal occupation / Job title (See Instructions) Business Owner 9 Employer (See Instructions) Date 10/11/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$952.00 Date 10/11/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$952.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$2,074.00 Date 10/10/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$2,074.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$2,074.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$3,903.00 Date 10/16/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$3,903.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$3,903.00 Date 10/16/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$3,903.00 Date 10/24/2024 Full name of contributor out-of-		6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions) Business Owner 9 Employer (See Instructions) Date 10/11/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$952.00 Date 10/11/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$952.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$2,074.00 Date 10/10/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$2,074.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$2,074.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$3,903.00 Date 10/16/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$3,903.00 Principal occupation / Job title (See Instructions) A Business Person Employer (See Instructions) A Business Person Amount of Contribution (\$) \$3,903.00 Date 10/16/2024 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$3,903.00 Date 10/24/2024 Full name of contributor out-of-					
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10/11/2024 Hopkins Jr., Mike \$952.00 Contributor address; City; State; Zip Code Brenham, TX 77834 Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	Business	Dwner			
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/10/2024 Kristen, Mark \$2,074.00 Contributor address; City; State; Zip Code Bryan, TX 77803 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/16/2024 Martin, John contributor address; City; State; Zip Code Amount of Contribution (\$) 10/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3,903.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$3,903.00 A Business Person Employer (See Instructions) \$38,538.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$38,538.00 Date Full name of contributor out-of-state PAC (ID#:) Amount	Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)	
10/10/2024 Kristen, Mark \$2,074.00 Contributor address; City; State; Zip Code Bryan, TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code	A Busines	s Person			
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Contributor address; City; State; Zip Code Bryan, TX 77803 Principal occupation / Job title (See Instructions) A Business Person Date 10/16/2024 Martin, John Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Longview, TX 75601 Principal occupation / Job title (See Instructions) A Business Person Principal occupation / Job title (See Instructions) A Business Person Date Principal occupation / Job title (See Instructions) A Business Person Date Principal occupation / Job title (See Instructions) A Business Person Date Date Date Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Date Dallas, TX 75205)		\$2.074.00
Bryan, TX 77803 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Martin, John \$3,903.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Longview, TX 75601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Employer (See Instructions) A Business Person Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike Contributor address; City; State; Zip Code Date Full name of contributor 10/24/2024 McGuire, Mike Contributor address; City; State; Zip Code	_0/_0/_0_	· · · · · · · · · · · · · · · · · · ·			<i>+_,</i>
Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Martin, John \$3,903.00 Contributor address; City; State; Zip Code Employer (See Instructions) Longview, TX 75601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) McGuire, Mike Contributor address; City; State; Zip Code Amount of Contribution (\$) 10/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/24/2024 Full name of contributor s38,538.00 \$38,538.00 Dallas, TX 75205 Employer (See Instructions) Employer (See Instructions)					
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A Business Person Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Martin, John \$3,903.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor Longview, TX 75601 Employer (See Instructions) Amount of Contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/24/2024 McGuire, Mike S38,538.00 S38,538.00 Dallas, TX 75205 Employer (See Instructions) Employer (See Instructions)		Bryan, TX 77803			
A Business Person Amount of Contributor Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Martin, John \$3,903.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/24/2024 McGuire, Mike	Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)	
10/16/2024 Martin, John \$3,903.00 Contributor address; City; State; Zip Code \$3,903.00 Longview, TX 75601 Employer (See Instructions) A Business Person Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Dallas, TX 75205 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	A Busines	s Person			
10/16/2024 Martin, John \$3,903.00 Contributor address; City; State; Zip Code \$3,903.00 Longview, TX 75601 Employer (See Instructions) A Business Person Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Dallas, TX 75205 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Longview, TX 75601 Principal occupation / Job title (See Instructions) A Business Person Date Full name of contributor 10/24/2024 McGuire, Mike Contributor address; City; State; Zip Code Datlas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$38,538.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions))		\$3 903 00
Longview, TX 75601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75205 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	10/10/202				40,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75205 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address, City, State, Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75205 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) A Business Person Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike Contributor address; City; State; Zip Code Amount of Contribution (\$) Dallas, TX 75205 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Longview, TX 75601			
A Business Person A Business Person Date Full name of contributor out-of-state PAC (ID#:) 10/24/2024 McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$38,538.00 Dallas, TX 75205 Dallas, TX 75205 Employer (See Instructions)	Principal oc	-	Employer (See Instructions	5)	
10/24/2024 McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions)				,	
10/24/2024 McGuire, Mike \$38,538.00 Contributor address; City; State; Zip Code Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions))		\$38.538.00
Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions)		· · · · · · · · · · · · · · · · · · ·			+00,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address, City, State, Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Dallas, TX 75205			
	Principal oc		Employer (See Instructions	I S)	
				,	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/3 Rpt: 17/29		
2	FILER NAME			2	Filer ID (Ethics Commissio	n Filors)
		eer Distributors Of Texas PAC			00015672) e 3)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/21/2024	Moore, Sean				\$6,897.00
		6 Contributor address; City; State; Zip Code				
		Midland, TX 79705				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Business Pe	rson				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/16/2024	Morrison, Shawn	· · · · · · · · · · · · · · · · · · ·			\$2,676.00
		Contributor address; City; State; Zip Code				. ,
		Continuation address, City, State, Zip Code				
		Amarillo, TX 79105				
⊢	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	A Business I			>)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/10/2024	Stevenson, Kurt				\$1,589.00
		Contributor address; City; State; Zip Code]		
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	A Business I	Person				
			•			
1						
1						

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/12 Rpt: 18/29	Wholesale Beer Distributors Of Texas PAC 00015672		
4 Date 10/16/2024	5 Payee name Allen, Alma		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	3401 Louisiana		
	Suite 250		
Expenditure from corporate funds	Houston, TX 77002		
8 PURPOSE			
OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/01/2024	Ashby, Trent		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	P.O. Box 412		
Expenditure from corporate funds	Lufkin, TX 75902		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/08/2024	Bell, Keith		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 1178		
Expenditure from corporate funds	Forney, TX 75126		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking 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: 2/12 Rpt: 19/29	Wholesale Beer Distributors Of Texas PAC00015672		
4 Date 10/17/2024	5 Payee name Bettencourt, Paul		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	1 East Greenway Plaza Ste 225		
Expenditure from corporate funds	Houston, TX 77046		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
10/15/2024	Cain, Briscoe		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 7		
Expenditure from corporate funds	Deer Park, TX 77536		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
10/09/2024	Canales, Terry		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2727 W. University		
Expenditure from corporate funds	Edinburg, TX 78539		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/12 Rpt: 20/29	Wholesale Beer Distributors Of Texas PAC00015672
4 Date	5 Payee name
10/23/2024	Cortez, Philip
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	310 Valley Hi Dr.
Evpondituro from	Suite 107
Expenditure from corporate funds	San Antonio, TX 78227
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/08/2024	Cunningham, Charles
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 14352
Expenditure from corporate funds	Humble, TX 77347
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/22/2024	Davis, Aicha
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 71
Expenditure from corporate funds	DeSoto, TX 75123
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 21/29	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date 09/26/2024	5 Payee name Dyson, Paul
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4040 Hwy 6
	Ste 200
Expenditure from corporate funds	College Station, TX 77845
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/22/2024	Garcia, Linda
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	912 Sumac Drive
Expenditure from corporate funds	Dallas, TX 75217
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Gonzalez, Mary
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from corporate funds	Clint, TX 79836
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 5/12 Rpt: 22/29	Wholesale Beer Distributors Of Texas PAC	00015672	
4 Date	5 Payee name		
09/26/2024	Hagenbuch, Brent		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	2800 Shoreline Dr		
	#310		
Expenditure from corporate funds	Denton, TX 76210		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.	
		n, TX, officeholder living expense	
	Campaign C	ontribution	
• Complete ONI V if direct	Candidate/Officeholder name Office sought	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office held	
Date	Payee name		
10/21/2024	Harris Davila, Caroline		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 700		
Expenditure from corporate funds	Round Rock, TX 78680		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.	
		n, TX, officeholder living expense	
	Campaign C	ontribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
expenditure to benefit C/OI		Onice neiu	
Date	Payee name		
10/24/2024	Hull, Lacey		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 19231		
Expenditure from corporate funds	Houston, TX 77224		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE		outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	n, TX, officeholder living expense	
	Campaign C	onanouton	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
expenditure to benefit C/OF			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/12 Rpt: 23/29	Wholesale Beer Distributors Of Texas PAC 00015672		
4 Date	5 Payee name		
10/16/2024	Jones, Jolanda		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	10709 Marsha Lane		
Expenditure from corporate funds	Houston, TX 77024		
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/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/26/2024	Kerwin, Helen		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	1214 Sandstone Drive		
Expenditure from corporate funds	Cleburne, TX 76033		
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	5		
Date	Payee name		
10/08/2024	King, Phil (Mr.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	2110 Fort Worth Highway		
Expenditure from corporate funds	Weatherford, TX 76086		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/12 Rpt: 24/29	Wholesale Beer Distributors Of Texas PAC00015672		
4 Date 10/02/2024	5 Payee name Landgraf, Brooks		
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 13146		
corporate funds	Odessa, TX 79768		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/15/2024	Leach, Jeff (Mr.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 866186		
Expenditure from corporate funds	Plano, TX 75086		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/16/2024	Martinez, Armando		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	1107 West 4th Street		
Expenditure from corporate funds	Weslaco, TX 78596		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 8/12 Rpt: 25/29	Wholesale Beer Distributors Of Texas PAC00015672			
4 Date	5 Payee name			
10/15/2024	Martinez-Fischer, Trey			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,500.00	104 Babcock Rd			
	Ste 107			
Expenditure from corporate funds	San Antonio, TX 78201			
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 Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/16/2024	Metcalf, Will			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 454			
Expenditure from corporate funds	Conroe, TX 77305			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/26/2024	Morales Shaw, Penny			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 925652			
Expenditure from corporate funds	Houston, TX 77292			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 9/12 Rpt: 26/29	Wholesale Beer Distributors Of Texas PAC00015672			
4 Date	5 Payee name			
10/01/2024	Pierson, Katrina			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 672			
Expenditure from corporate funds	Rockwall, TX 75087			
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/OH				
Date	Payee name			
10/10/2024	Schofield, Mike			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	1 East Greenway Plaza			
	Ste. 225			
Expenditure from corporate funds	Houston, TX 77046			
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/02/2024	Schoolcraft, Alan			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	8647 FM 725			
Expenditure from corporate funds	McQueeny, TX 78123			
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 10/12 Rpt: 27/29	Wholesale Beer Distributors Of Texas PAC00015672			
4 Date	5 Payee name			
10/15/2024	Shofner, Joanne			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	638A North University Drive			
	#177			
Expenditure from corporate funds	Nacogdoches, TX 75961			
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			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/21/2024	Tepper, Carl			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	4609 86th Street			
Expenditure from corporate funds	Lubbock, TX 79424			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/16/2024	Thompson, Senfronia			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	10527 Homestead Road			
Expenditure from corporate funds	Houston, TX 77016			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 11/12 Rpt: 28/29	Wholesale Beer Distributors Of Texas PAC 00015672			
4 Date	5 Payee name			
10/02/2024	VanDeaver, Gary			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	1101 Hwy. 98			
Expenditure from corporate funds	New Boston, TX 75570			
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/OH				
Date	Payee name			
10/16/2024	Ward Johnson, Charlene			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 925775			
Expenditure from				
corporate funds	Houston, TX 77292			
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
10/10/2024	West, Royce			
	-			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	5787 South Hampton Road			
Expenditure from	Suite 385			
corporate funds	Dallas, TX 75232			
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 ONUMER Parts				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense I Committee Legal Services Salaries/Wag	ment/Reimbursement Solicitation/Fundraising Expense nead/Rental Expense Transportation Equipment & Related Expense nse Travel in District ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)		
	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule F1: Sch: 12/12 Rpt: 29/29	2 FILER NAME Wholesale Beer Distributors Of Texas PAC	3 Filer ID (Ethics Commission Filers) 00015672		
4 Date 10/15/2024	5 Payee name Wharton, Trey			
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 1242	e		
Expenditure from corporate funds	Huntsville, TX 77342			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Contributions/Donations Made By Candidate/Officeholder/Political Committee	 b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution 		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held				