FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015767 3 COMMITTEE NAME **OFFICE USE ONLY** The Beer Alliance of Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 01/09/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 502 E. 11th Street Date Hand-delivered or Date Postmarked Suite 420 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard W. NAME NICKNAME LAST **SUFFIX** Rick Donley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 502 East 11th Street STREET **ADDRESS** Suite 420 (Residence or Business) Austin, TX 78701-1643 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 502 E. 11th St., Ste. 420 MAILING **ADDRESS** Austin, TX 78701-2656 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 474-5378 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 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)	
The Beer Alliance of Te	xas Political Action Co	mmittee	00015767	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Brent Hagenbuch State So	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	119,127.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	320,149.33
OUTSTANDING LOAN TOTALS	I .	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Richar	d W. Donley	
		Signature of Ca	mpaign Treasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action (Committee			00015767	
				Maria Baratan Agustatan	01.1. 5		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mrs. Denise Villalobos	State R	epresentative	
	(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	Candidates	A. Supported				
	ACTIVITY	(Identify by name or, if	A. Supported				
	(Attack lints on plain	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	A. Supported				
		nature of issue.)	D. Connected				
			B. Opposed				
		Officeholders Assisted		Rep. Christina Morales	State R	epresentative	
		(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	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		Officeholders Assisted		Sen. Charles Schwertne	er State	Senator	
		(Identify by name or, if applicable, classify by party.)					

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12	COMMITTEE NAME				13 Filer ID (Ethics	Commission Filers)
	The Beer Alliance of Te	xas Political Action (Committee		00015767	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Honorable Dade Phelan Sta	ate Representative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Todd Hunter State Repres	sentative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
	_	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Honorable Glenn Hegar Co	mptroller	

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee			00015767	
	COMMITTEE	1. Candidates	A. Supported				
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)	, ,				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Cecil Bell S	tate Represen	itative	
	COMMITTEE	<u> </u>					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported				
		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	A. Supported				
		nature of issue.)	B. Opposed				
			B. Opposed				
		3. Officeholders Assisted		Sen. Nathan Johns	son State Sen	ator	
		(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	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted		Sen. Borris Miles	State Senato	r	
		(Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of T	exas Political Action (Committee		00015767	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Donna Campbell State Se	enator	
COMMITTEE		1			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported			
(Attack lists on plain	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted		Rep. Erin Gamez State Repres	entative	
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted		Rep. Toni Rose State Represe	entative	
	(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME						13 Filer ID	(E	thics Com	mission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee				0001576	7		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed						
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	I						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed						
			B. Oppose	I						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ry	an Guillen	State Rep	resentative			
	COMMITTEE	1. Candidates	A. Support	ed						
	ACTIVITY	(Identify by name or, if applicable, classify by party.)								
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	I						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed						
			B. Oppose	l						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Hor	norable Dar	Patrick Li	eutenant Gove	rnor		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed						
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	I						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed						
			B. Oppose	I						
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Sa	rah Eckhar	dt State So	enator			
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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of Te	xas Political Action C	Committee		00015767	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Brandon Creighton State S	Senator	
COMMITTEE	Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Sen. Jose Menendez State Ser	nator	
	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.)		Sen. Judith Zaffirini State Senat	or	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action (Committee		00015767	
1/1	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if		Sen. Carol Alvarado State Sena	ator	
	COMMITTEE	applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported			
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Rep. Ken King State Represent	ative	
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Sen. Lois Kolkhorst State Sena	ator	
		(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee		00015767	
14	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. J.M. Lozano State Repres	sentative	
	COMMITTEE	Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if				
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Sen. Robert Nichols State Sen	ator	
		(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	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Rep. Trent Ashby State Repres	entative	
		(Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of T	exas Political Action (Committee		00015767	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ann Johnson State Repre	sentative	
COMMITTEE	1. Candidates		Mrs. Keresa Richardson State	Panracontativo	
ACTIVITY	(Identify by name or, if	A. Supported	WIS. Refesa Richardson State	Representative	
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and)	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted		Rep. Joe Moody State Represe	ntative	
	(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action C	Committee		00015767	
14	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	7 ti Gapportoa			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if		Ana Hernandez State Represen	itative	
	OOM WITTEE	applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted		Rep. Armando Walle State Re	presentative	
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Jolanda Jones State Repr	resentative	
		approado, oucon, by party.				

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12 COMMITTEE NAME				13 Filer ID (E	Ethics Commission Filers)
The Beer Alliance of Te	exas Political Action (Committee		00015767	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Armando Martinez State	Representative	
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if	A. Supported			
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted		Rep. Mano DeAyala State Rep	presentative	
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted		Rep. Dustin Burrows State Re	presentative	
	(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action (Committee		00015767	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		,	B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. will Metcalf State Represe	entative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Hubert Vo State Represe	ntative	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Harold V., Jr. Dutton State	e Chairman	

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action (Committee		00015767	
	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if		Sen. Charles Schwertner State	Senator	
	COMMITTEE	applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported			
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Rep. Molly Cook State Senator		
		(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	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Rep. Mihaela Pleasa State Rep	presentative	
		(Identify by name or, if applicable, classify by party.)				

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					1 age 10 01 11
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of	Texas Political Action (Committee		00015767	
14 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Brian Birdwell State Senat	or	
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Sen. Juan "Chuy" Hinojosa Sta	te Senator	
	applicable, classify by party.))			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or if		Rep. Tom Oliverson State Rep	resentative	
	(Identify by name or, if applicable, classify by party.))			

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12 COMMITTEE	NAME					13 Filer ID	(Ethics Commission Filers)
The Beer All	liance of Te	xas Political Action (Committee			00015767	
14 COMMITTEE		1. Candidates	A. Supported				
ACTIVITY		(Identify by name or, if applicable, classify by party.)					
(Attach lists of paper to comprehensive report if necessity)	olete this		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Cody Harris S	tate Represe	entative	
COMMITTEE		Candidates	A. Supported				
ACTIVITY		(Identify by name or, if					
		applicable, classify by party.)					
(Attach lists of paper to compreport if necessity)	olete this		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted		Rep. David Cook S	State Repres	entative	
		(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY		Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists of paper to compreport if necessity)	olete this		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders		Sen. Cesar Blanco	State Senato	or	
		Assisted (Identify by name or, if applicable, classify by party.)					

FORM GPAC ADDENDUM

Page 18 of 41

						1 ago 10 01 11
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	The Beer Alliance of Te	xas Political Action (Committee		00015767	
1/1	COMMITTEE	1. Candidates	A. Supported			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Roland Gutierrez State Se	enator	
	COMMITTEE	Candidates				
	ACTIVITY	(Identify by name or, if	A. Supported			
	(Attack lints on plain	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	A. Supported			
		nature of issue.)				
			B. Opposed			
		Officeholders Assisted		Rep. Stan Gerdes State Repres	sentative	
		(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	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted		Rep. Caroline Harris Davila Sta	ate Representa	tive
		(Identify by name or, if applicable, classify by party.)				

FORM GPAC **ADDENDUM**

					Page 19 01 41
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of Te	xas Political Action (Committee		00015767	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Carrie Isaac State Repres	entative	
COMMITTEE	Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ellen Troxclair State Repre	esentative	
00141417755					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Vince Perez 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			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

FORM GPAC **ADDENDUM**

						Page 20 01 41
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
The Beer Alliance of Te	xas Political Action (committee			00015767	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Daniel Ald	ders State Repres	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	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				
	Officeholders Assisted (Identify by name or, if		Rep. Penny M	Morales State Rep	oresentative	
	applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			21 of 41		
17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)		
The Beer	Alliance of Texas Political Action Committee	00015767			
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT		
1.		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$		
9.	9. SCHEDULE E: LOANS				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 119,127.14		
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	\$		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/20 Rpt: 22/41	2 FILER NAME The Beer Alliance of Texas Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015767			
4 Date	5 Payee name			
12/09/2024	Alders , Daniel (Mr.)			
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 8907			
φ500.00	Suite 420			
Expenditure from corporate funds	Tyler , TX 75718			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
	Campaign contribution.			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/03/2024	Alvarado , Carol (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00 PO Box 230842				
Expenditure from corporate funds	Houston, TX 77223			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	Campaign contribution.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/03/2024	Ashby , Trent (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O Box 412			
Expenditure from	Lufkin, TX 75902			
corporate funds	I			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense			
	Campaign contribution.			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 2/20 Rpt: 23/41	ion Filers)
Sch: 2/20 Rpt: 23/41 The Beer Alliance of Texas Political Action Committee 00015767 4 Date 5 Payee name	ion Filers)
4 Date 5 Payee name	
11/12/2024 Bell Jr., Cecil (Rep.)	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$1,000.00 Post Office Box 819	
Expenditure from corporate funds Magnolia, TX 77354	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Candidate/Officeholder/Political Committee 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	
Date Payee name	
12/11/2024 Birdwell, Brian (Sen.)	
Amount (\$) Payee address; City; State; Zip Code	
\$2,500.00 Post Office Box 1111	
Expenditure from corporate funds Granbury, TX 76048	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
Candidate/Officeholder/Political Committee	
Campaign contribution.	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
12/09/2024 Blanco, Cesar (Sen.)	
Amount (\$) Payee address; City; State; Zip Code	
\$1,000.00 Post Office Box 27074	
Expenditure from corporate funds El Paso, TX 79926	
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.	
Check if Austin, TX, officeholder living expense	
Campaign contribution.	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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
TTHER (order a cotonomy get listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/20 Rpt: 24/41	The Beer Alliance of Texas Political Action Committee 00015767			
4 Date	5 Payee name			
12/05/2024	Burrows, Dustin (Rep.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 2569			
, ,				
Expenditure from corporate funds	Lubbock, TX 79408			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
-	Candidate/Officeholder/Political Committee			
	Campaign contribution.			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/11/2024	Burrows, Dustin (Rep.)			
Amount (\$) Payee address; City; State; Zip Code				
\$5,000.00	PO Box 2569			
\$5,000.00	FO B0X 2309			
Expenditure from				
corporate funds	Lubbock, TX 79408			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Campaign contribution.			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
11/19/2024	Campbell, Donna (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,500.00	1308 Common Street			
φ2,500.00				
Expenditure from	Suite 2015 Box 719			
corporate funds	New Braunfels, TX 78130			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/20 Rpt: 25/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
12/09/2024	Cook, David (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	309 E Broad Street
, ,	
Expenditure from	Mansfield, TX 76063
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh continuation.
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Cook, Molly (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/02/2024	Payee name Creighton, Brandon (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	2257 North Loop 336
Expenditure from	Suite 140-366
corporate funds	Conroe, TX 77304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
Sch: 5/20 Rpt: 26/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
12/06/2024	DeAyala , Mano (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	12335 Kingsride Lane
	#416
Expenditure from corporate funds	Houston , TX 77024
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/10/2024	Dutton Jr., Harold (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3801 Kirby Drive
	Suite 411
Expenditure from corporate funds	Houston, TX 77098
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/20/2024	Eckhardt , Sarah (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 301586
Expenditure from	
corporate funds	Austin , TX 78703
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 dive -	Candidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
·	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/20 Rpt: 27/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
11/19/2024	Gamez, Erin (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	777 E. Harrison Street
Expenditure from corporate funds	Brownsville, TX 78520
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	Campaign contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/09/2024	Gerdes , Stan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	606 Gresham Street
Expenditure from corporate funds	Smithville , TX 78957
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
11/12/2024	Guillen, Ryan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	Post Office Box 1024
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
·	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 7/20 Rpt: 28/41	The Beer Alliance of Texas Political Action Committee 00015767			
4 Date	5 Payee name			
12/09/2024	Gutierrez , Roland (Sen.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,500.00	PO Box 15232			
Expenditure from corporate funds	San Antonio, TX 78212			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign contribution.			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	1			
Date	Payee name			
12/04/2024	Hagenbuch, Brent (Mr.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	2800 Shoreline Dr.,			
	# 310			
Expenditure from corporate funds	Denton, TX 76210			
PURPOSE	·			
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense			
	Campaign contribution.			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	-i			
Date	Payee name			
12/09/2024	Harris, Cody (Rep.)			
Amount (\$)				
\$1,500.00	1007 N. Mallard Street			
Expenditure from				
corporate funds	Palestine , TX 75801			
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	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Offic Polli xpense Prin Sala	e Overhea ng Expens ing Exper ries/Wage	se s/Contract Labor		Transportation E Travel in District Travel Out of Dis	
4 7 1 0 1 1 54	a = = = = =		e explains now	o comp	- Instrum	_	E1 15	(Ethio O. animinio Eilan)
1 Total pages Schedule F1: Sch: 8/20 Rpt: 29/41		= lliance of Texas P	olitical Action	Comm	ittee	3	Filer ID 00015767	(Ethics Commission Filers)
4 Date	5 Payee name							
12/09/2024		la, Caroline (Rep.))					
6 Amount (\$) \$1,000.00	7 Payee addre		State; Zip	Code				
Expenditure from corporate funds	Round Roc	k, TX 78680						
8 PURPOSE OF EXPENDITURE	Contribution	(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 ONLY if direct expenditure to benefit C/OF		ceholder name	Office	sought			Office h	eld
Date	Payee name							
11/07/2024	Hegar, Gle	nn (The Honorable	e)					
Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
\$2,500.00	PO Box 10	08						
Expenditure from corporate funds	Katy , TX 7	7492						
PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the ns/Donations Mad Officeholder/Politic	е Ву			, TX,	officeholder living	plete Schedule T. g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office	sought			Office he	eld
Date 12/06/2024	Payee name Hernandez	, Ana (Rep.)						
Amount (\$)	Payee addre	,	State; Zir	Code				
\$2,500.00	Post Office	•	State, Zip	Coue				
Expenditure from corporate funds	Houston, T	X 77220						
PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the ns/Donations Mad Officeholder/Politic	е Ву		ш	, TX,	officeholder living	plete Schedule T. g expense
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office	sought			Office he	eld
Forms provided by Tayas F	wh.; O.		w athics state	.				Varsian V// 1 0 5dd22ca2

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/20 Rpt: 30/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
12/05/2024	Hinojosa, Adam (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 18301
Expenditure from corporate funds	Corpus Christi , TX 78480
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Hinojosa, Juan 'Chuy' (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	612 W. Nolana
	Suite 410
Expenditure from corporate funds	McAllen, TX 78504
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-1
Date	Payee name
11/07/2024	Hunter, Todd (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	445 Cape Henry Drive
Expenditure from corporate funds	Corpus Christi, TX 78412
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.
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 10/20 Rpt: 31/41	2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Beer Alliance of Texas Political Action Committee 00015767
·	
4 Date	5 Payee name
12/05/2024	Hunter, Todd (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	445 Cape Henry Drive
Expenditure from corporate funds	Corpus Christi, TX 78412
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By 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/O	
Date	Payee name
12/09/2024	Isaac, Carrie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	100 Commons Road
	#7 -1 25
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H The state of the
Date	Davida nama
12/06/2024	Payee name Johnson, Ann (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
Expenditure from	
corporate funds	Houston, TX 77256
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ħ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 11/20 Rpt: 32/41	2 FILER NAME The Beer Alliance of Texas Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015767
4 Date	5 Payee name
11/12/2024	Johnson , Nathan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367
	·
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Jones , Jolanda (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	10709 Marsha Lane
Evnenditure from	
Expenditure from corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution.
	Sampaign seria near an
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/O	
Date	Payee name
12/04/2024	King, Ken (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box
	517
Expenditure from corporate funds	Canadian, TX 79014
-	I ma
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 12/20 Rpt: 33/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
12/04/2024	Kolkhorst, Lois (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	Post Office Box 2546
Expenditure from corporate funds	Brenham, TX 77834
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Lozano, J.M. (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	727 Arroyo Drive
Expenditure from corporate funds	Kingsville , TX 78363
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution.
One of the ONE Wife disease	Our distance (Office health as marries and Office health
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to serious eye.	
Date	Payee name
12/10/2024	Martinez , Armando (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1651
Expenditure from corporate funds	Weslaco, TX 78599
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 13/20 Rpt: 34/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
12/02/2024	Menendez, Jose (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	Post Office Box 761780
Expenditure from corporate funds	San Antonio, TX 78245
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Metcalf, Will (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	Post Office Box 454
4000.00	
Expenditure from corporate funds	Conroe, TX 77301
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	Davies nome
Date	Payee name
11/12/2024	Miles, Borris (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	5302 Almeda Road
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
4 7			
1 Total pages Schedule F1: Sch: 14/20 Rpt: 35/41	2 FILER NAME The Beer Alliance of Texas Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015767		
4 Date	5 Payee name		
12/06/2024	Moody, Joe (Rep.)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	Post Office Box 920827		
Expenditure from corporate funds	El Paso, TX 79902		
	·		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
	Campaigh contribution.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/03/2024	Morales , Christina (Rep.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	6606 Lawndale Street		
, , , , , ,			
Expenditure from	Houston, TV 77022		
corporate funds	Houston , TX 77023		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Campaign contribution.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
expenditure to benefit 6/01	'		
Date	Payee name		
12/13/2024	Morales Shaw, Penny (Rep.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	PO Box 925652		
Ψ300.00	1 0 50% 323332		
Expenditure from			
corporate funds	Houston , TX 77292		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	Campaign contribution.		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cont	Suling Expense tributions/ Donations Made By Candidate/Officeholder/Politica dit Card Payment	
1 Tota	l pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch	: 15/20 Rpt: 36/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date		5 Payee name
12/0	05/2024	Nichols, Robert (Sen.)
6 Amo	unt (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	214 E. Commerce
	penditure from porate funds	Jacksonville, TX 75766
8 F	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXI	OF PENDITURE	Contributions/Donations Made By
LAI	ENDITORE	Candidate/Officeholder/Political Committee
		Campaign contribution.
	plete <u>ONLY</u> if direct enditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date		Payee name
12/1	.1/2024	Oliverson, Tom (Rep.)
Amo	unt (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1 East Greenway Plaza
		Suite 225
	penditure from porate funds	Houston, TX 77046
	PURPOSE	
	OF ORPOSE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXI	PENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign contribution.
	plete <u>ONLY</u> if direct enditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
0,,00		
Date		Payee name
11/2	21/2024	Patrick, Dan (The Honorable)
Amo	unt (\$)	Payee address; City; State; Zip Code
	\$25,000.00	1 E. Greenway Plaza
		Ste. 225
	penditure from porate funds	Houston, TX 77046
P	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
EVI	OF PENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	PENDITORE	Candidate/Officeholder/Political Committee
		Campaign contribution.
	plete <u>ONLY</u> if direct enditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/20 Rpt: 37/41	2 FILER NAME The Beer Alliance of Texas Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015767
4 Date	5 Payee name
12/09/2024	Perez, Vince (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 71309
Expenditure from corporate funds	El Paso, TX 79917
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2024	Phelan, Dade (The Honorable)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 5990
Ψ2,000.00	1 0 Box 0000
Expenditure from corporate funds	Austin, TX 78763
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/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Plesa, Mihaela (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 796311
Ψ000.00	1 0 BOX 100011
Expenditure from corporate funds	Dallas, TX 75248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 17/20 Rpt: 38/41	The Beer Alliance of Texas Political Action Committee 00015767	
4 Date	5 Payee name	٦
12/06/2024	Richardson, Keresa (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	٦
\$1,000.00	200 Falling Water Drive	
— Foresedit ve from		
Expenditure from corporate funds	McKinney, TX 75072	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	٦
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Campaign contribution.	
	Campaign contribution.	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Davies same	=
12/01/2024	Payee name Rose, Toni (Rep.)	
		4
Amount (\$)	Payee address; City; State; Zip Code Post Office Box 41867	
\$1,000.00	Post Office Box 41867	
Expenditure from	D-II TV 75044	
corporate funds	Dallas, TX 75241	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign contribution.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	7
10/31/2024	Schwertner, Charles (Sen.)	
Amount (\$)	Payee address; City; State; Zip Code	-
\$2,500.00	Post Office Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution.	
Complete CAU V & dia+	Condidate/Officeholder name Office county Office	4
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
•		4

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politica	
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: 18/20 Rpt: 39/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
12/10/2024	Schwertner, Charles (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Post Office Box 2448
·	
Expenditure from corporate funds	Georgetown, TX 78627
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
11/21/2024	Texas Senate Leadership Fund
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	1E Greenway Plaza
	Suite 225
Expenditure from corporate funds	Houston , TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	п
Date	Payee name
11/01/2024	The Austin Club
Amount (\$)	Payee address; City; State; Zip Code
\$127.14	110 East 9th Street
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food and beverage expense for Rep. Phillip Cortez reception.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO BOTTOTIC O/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: Sch: 19/20 Rpt: 40/41	2 FILER NAME The Beer Alliance of Texas Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015767
4	Date 12/09/2024	5 Payee name Troxclair, Ellen (Rep.)
8	Amount (\$) \$1,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 701 HWY 281 Suite H #196 Marble Falls, TX 78654 (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 12/02/2024	Payee name Villalobos, Denise (Mrs.)
	Amount (\$) \$1,000.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 10330 Kingsbury Dr., Corpus Christi, TX 78410
	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/05/2024 Amount (\$) \$1,000.00	Payee name Vo, Hubert (Rep.) Payee address; City; State; Zip Code PO Box 2227
	Expenditure from corporate funds	Alief, TX 77411
	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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

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: 20/20 Rpt: 41/41	The Beer Alliance of Texas Political Action Committee 00015767
4 Date	5 Payee name
12/10/2024	Walle , Armando (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4101 Washington Ave.,
Expenditure from corporate funds	Houston , TX 77007
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Zaffirini, Judith (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1005 Congress Ave.
	Suite 580
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1