#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015672 3 COMMITTEE NAME **OFFICE USE ONLY** Wholesale Beer Distributors Of Texas PAC Date Received **ELECTRONICALLY FILED** 08/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 823 Congress Ave., Ste.1313 Austin, TX 78701-2429 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Tom NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Spilman CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 823 Congress Ave., Ste. 1313 STREET **ADDRESS** (Residence or Business) Austin, TX 78701-2429 **CAMPAIGN** STREET ADDRESS OR PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 823 Congress Ave., Ste. 1313 MAILING **ADDRESS** Austin, TX 78701-2429 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 476-0697 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2025 07/25/2025

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

		•		
2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distrib	utors Of Texas PAC		000156	72
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		A. Gurantad		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Candy Noble State Represent	ative	
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		OPPOLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,851.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	42,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	117,203.16
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	1		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that th mation requi	e accompanying report is ired to be reported by me
		Mr. Tom	n Spilman	
		Signature of Cal		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	l before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of c	officer administering oath

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			13 Filer ID	(Ethics Commission Filers)
ors Of Texas PAC			00015672	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
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.)		Kelly Hancock State Senator		
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Todd Hunter State Representati	ve	
1. Candidates	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	В. Оррозец			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Liz Campos State Representativ	ve	
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported (Identify by name or, if applicable, classify by party.)  5. Candidates (Identify by name or, if applicable, classify by party.)  6. Supported (Identify by name or, if applicable, classify by party.)  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)	1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  Kelly Hancock State Senator  Kelly Hancock State Senator  Kelly Hancock State Senator  A. Supported  Guentify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  Cleentify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  Cleentify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  4. Supported  Liz Campos State Representative tiles and location of election and nature of issue.)  B. Opposed	In Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  3. Opposed  4. Supported (Identify by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  5. Opposed  4. Supported  5. Opposed  7. Todd Hunter State Representative  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  5. Opposed  6. Opposed  7. Todd Hunter State Representative  8. Opposed  8. Opposed  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed

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				13 Filer ID	(Ethics Commission Filers)
rs Of Texas PAC				00015672	
Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported				
	B. Opposed				
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.)	)	Claudia Ordaz	State Represent	ative	
Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported				
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Venton Jones	State Representa	ative	
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. Opposea				
3. Officeholders Assisted (Identify by name or, if		Ryan Guillen S	tate Representat	tive	
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted  (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  A. Supported  B. Opposed  A. Supported  B. Opposed	1. Candidates (identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  4. Supported  A. Supported  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.)  B. Opposed  4. 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.)  B. Opposed  4. Supported  Perton Jones 3  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Ryan Guillen S  Ryan Guillen S  Ryan Guillen S	1. Candidates (Identify by name or, if applicable, classify by party.)	Is Of Texas PAC  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  2. Measures (Describe by date and location of election and nature of fissue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  1. Candidates (Identify by name or, if applicable, classify by party).  B. Opposed  2. Measures (Identify by name or, if applicable, classify by party).  B. Opposed  2. Measures (Identify by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party).  B. Opposed  4. Supported (Identify by name or, if applicable, classify by party).  B. Opposed  5. Opposed  4. Supported (Identify by name or, if applicable, classify by party).  B. Opposed  5. Opposed  6. Opposed  7. Measures (Identify by name or, if applicable, classify by party).  B. Opposed  7. Measures (Identify by name or, if applicable, classify by party).  B. Opposed  7. Measures (Identify by name or, if applicable, classify by party).  B. Opposed  7. Measures (Identify by name or, if applicable, classify by party).  B. Opposed  8. Opposed

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributor	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)		Trey Wharton State Representat	ive	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Daniel Alders State Representati	ive	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
		,,			
	Officeholders     Assisted (Identify by name or, if		Joanne Shofner State Represent	tative	

13 Filer ID	Page 6 of 27
1. Candidates (dentify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of lissue.)  3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE Activity  1. Candidates (dentify by name or, if applicable, classify by party.)  A. Supported dentify by name or, if applicable, classify by party.)  B. Opposed  Committee Complete this report if necessary.)  COMMITTEE Activity  1. Candidates (dentify by name or, if applicable, classify by party.)  A. Supported dentify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this paper to complete this	(Ethics Commission Filers)
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  Joe Moody State Representative dentity party.  A. Supported (dentify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  Chris Turner State Representative Assisted (dentify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this (dentify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this (dentify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this dentification paper to comp	372
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  8. Opposed  8. Opposed  8. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  Committee  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identity by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Identity by name or, if applicable, classify by party.)  Report to complete this  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	
Committee   Comm	
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.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location and nature of issue.)  B. Opposed  2. Measures (Describe by date and location and nature of issue.)  B. Opposed  Chris Turner State Representative  Committee ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this  B. Opposed  D. Supported  A. Supported  A. Supported  Chris Turner State Representative  B. Opposed	
Assisted (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  Committee  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.)  (Attach lists on plain paper to complete this  B. Opposed  B. Opposed  Chris Turner State Representative  A. Supported  Chris Turner State Representative  B. Opposed	
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this paper to complete this  (Identify by name or, if applicable, classify by party.)  A. Supported  Chris Turner State Representative  A. Supported  Chris Turner State Representative  A. Supported  B. Opposed	
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this	
(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.)  (Attach lists on plain paper to complete this    Describe by date and location and nature of issue.)    B. Opposed   Described	
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.)  (Attach lists on plain paper to complete this  B. Opposed	
Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this  B. Opposed	
ACTIVITY  (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this  (B. Opposed	
paper to complete this	
l i	
Measures (Describe by date and location of election and nature of issue.)      B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

12 COMMITTEE NIAME					Page 7 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributors	s Of Texas PAC			00015672	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representativ	ve	
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.)		Brad Buckley State Representati	ive	
COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
		В. Орросси			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Hillary Hickland State Represent	ative	

12 COMMITTEE NAME					
IZ COMMUNICATE IN THE				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributors	of Texas PAC			00015672	
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	
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.)		Cody Vasut State Representativ	е	
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			
	(Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
	3. Officeholders		Lacey Hull State Representative		
	Assisted (Identify by name or, if applicable, classify by party.)		Lacey null State Representative	!	

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			13 Filer ID	(Ethics Commission Filers)
ors Of Texas PAC			00015672	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
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.)		Caroline Fairly State Representa	ative	
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.)		Phil King State Senator		
1. Candidates	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	Б. Оррозец			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative		
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported (Identify by name or, if applicable, classify by party.)  5. Candidates (Identify by name or, if applicable, classify by party.)  6. Supported (Identify by name or, if applicable, classify by party.)  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)  8. Opposed (Identify by name or, if applicable, classify by party.)	1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  Caroline Fairly State Represent:  Caroline Fairly State Represent:  A. Supported  Caroline Fairly State Represent:  A. Supported  Caroline Fairly State Represent:  A. Supported  Gentify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  A. Supported  Caroline Fairly State Represent:  A. Supported  Caroline Fairly State Represent:	In Candidates  (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures  (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and rature of issue.)  B. Opposed  3. Officeholders     As Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  5. Opposed  6. Opposed  7. Measures (Describe by date and location of election and rature of issue.)  B. Opposed  8. Opposed  8. Opposed  8. Opposed  8. Opposed  8. Opposed  7. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  8. Opposed

					Page 10 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	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.)		Dennis Paul State Representati	ve	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		Carl Tepper State Representation	/e	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
		Б. Орросса			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Pat Curry State Representative		

12 COMMITTEE NAME					
				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributors	Of Texas PAC			00015672	
ACTIVITY (10	Candidates Identify by name or, if pplicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported			
		B. Opposed			
(II	B. Officeholders Assisted Identify by name or, if pplicable, classify by party.)		Jeff Barry State Representative		
ACTIVITY (II	Candidates Identify by name or, if pplicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(E Io	2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported			
		B. Opposed			
(Id	B. Officeholders Assisted Identify by name or, if pplicable, classify by party.)		Armando Martinez State Repres	sentative	
ACTIVITY (10	Candidates Identify by name or, if pplicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	2. Measures Describe by date and ocation of election and ature of issue.)	A. Supported  B. Opposed			
(II	B. Officeholders Assisted  Identify by name or, if pplicable, classify by party.)		Brett Busby Supreme Court Just	tice	

Eas PAC  lidates name or, if classify by party.)  B. Oppose  Sures ny date and election and sue.)  B. Oppose  Pholders sted name or, if classify by party.)  lidates name or, if classify by party.)	orted  Sed  Keresa Richardson State Representative
B. Oppose  Sures by date and election and sue.)  B. Oppose  B. Oppose  B. Oppose  A. Support  A. Support  B. Oppose  A. Support  A. Support  B. Oppose  A. Support	orted  sed  orted  Keresa Richardson State Representative
name or, if classify by party.)  B. Oppose Sures A. Support by date and election and sue.)  B. Oppose Support by date and election and sue.)  B. Oppose Support by date and election and sue.)  B. Oppose Support by Date by D	orted  Sed  Keresa Richardson State Representative
B. Oppose  Cholders  Sted  and election and sue.)  B. Oppose  Cholders  A. Support  Classify by party.)	sed  Keresa Richardson State Representative
B. Oppose  eholders sted name or, if classify by party.)  lidates name or, if classify by party.)	sed  Keresa Richardson State Representative
eholders sted name or, if classify by party.) lidates name or, if classify by party.)	Keresa Richardson State Representative
name or, if classify by party.)  lidates name or, if classify by party.)	
name or, if classify by party.)	orted
B. Oppose	sed
Sures A. Support and election and sue.)	
B. Oppose	sed
eholders sted name or, if classify by party.)	Janis Holt State Representative
lidates  A. Support classify by party.)	orted
B. Oppose	sed
A. Support A. Support	
Β. Ομμυσε	<u> </u>
eholders sted name or, if classify by party.)	Aicha Davis State Representative
	y date and election and sue.)  B. Opposited and election and sue.)

					Page 13 of 27
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Wholesale Beer Distributo	rs Of Texas PAC			00015672	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Juan Hinojosa State Senator		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		Jose Menendez State Senator		
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			
		В. Оррозса			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Ben Bumgarner State Represen	itative	
	(Identify by name or, if applicable, classify by party.)				

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

	14 of 27				
17 COMMITTEE NAME 18 Filer ID				(Ethics Commission Fil	ers)
Whol	lesale	00015672			
<b>19</b> SCHE	EDULE	SUBTOTALS			
NAME	E OF S	SCHEDULE		SUBTOTAL AMO	UNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1	,851.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 42	,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 CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 15/27
FILER NAME Wholesale B			3 Filer ID (Ethics Commission Filers) 00015672
Date 07/01/2025	<ul> <li>Full name of contributor</li></ul>	:)	7 Amount of Contribution (\$) \$1,851.00
	New Braunfels, TX 78130		
		9 Employer (See Instructions	s)
	The Instru FILER NAME Wholesale E Date 07/01/2025	The Instruction Guide explains how to complete this  FILER NAME  Wholesale Beer Distributors Of Texas PAC  Date  07/01/2025  5 Full name of contributor out-of-state PAC (ID# Brown, Scott  6 Contributor address; City; State; Zip Code	The Instruction Guide explains how to complete this form.  FILER NAME Wholesale Beer Distributors Of Texas PAC  Date 07/01/2025  5 Full name of contributor out-of-state PAC (ID#:) Brown, Scott  6 Contributor address; City; State; Zip Code  New Braunfels, TX 78130  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total marian Cabadula E1.	<u> </u>	_
1 Total pages Schedule F1:		
Sch: 1/12 Rpt: 16/27	Wholesale Beer Distributors Of Texas PAC 00015672	
4 Date	5 Payee name	
06/26/2025	Alders, Daniel	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1,000.00	PO Box 8907	
\$1,000.00	PO BOX 6907	
Expenditure from		
corporate funds	Tyler, TX 75711	
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/O		
		_
Date	Payee name	
07/15/2025	Barry, Jeff	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	3503 Boxwood Gate Trail	
<del>, _,</del>		
Expenditure from	B I I. TV 77504	
corporate funds	Pearland, TX 77581	
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	
Date	Payee name	_
06/30/2025	Bell, Keith	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	PO Box 1178	
Expenditure from corporate funds	Forney, TX 75126	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office acusts	
Complete <u>ONLY</u> 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 Commit 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	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: 2/12 Rpt: 17/27	Wholesale Beer Distributors Of Texas PAC 00015672	
4 Date	5 Payee name	
06/27/2025	Buckley, Brad	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	1321 Pershing Dr.	
Expenditure from corporate funds	Killeen, TX 76549	
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/OI	1	
Date	Payee name	=
07/24/2025	Bumgarner, Ben	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	5150 Kensington Ct	
Expenditure from corporate funds	Flower Mound, TX 75022	
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	
experientare to benefit 6/61		
Date	Payee name	
07/18/2025	Busby, Brett (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	PO Box 417	
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorare 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 54	
1 Total pages Schedule F1: Sch: 3/12 Rpt: 18/27	2 FILER NAME Wholesale Beer Distributors Of Texas PAC 3 Filer ID (Ethics Commission Filers) 00015672
4 Date	5 Payee name
06/27/2025	Cain, Briscoe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 7
Expenditure from	
corporate funds	Deer Park, TX 77536
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/26/2025	Campos, Liz
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1028 Rigsby
Ψ1,000.00	1020 Mg359
Expenditure from corporate funds	San Antonio, TX 78210
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	Candidate/Office holder name Office accept Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/15/2025	Curry, Pat
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	204 Woodhew Drive
Expenditure from corporate funds	Waco, TX 76712
-	I ma
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  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 Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 19/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
07/24/2025	Davis, Aicha
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 71
Expenditure from corporate funds	DeSoto, TX 75123
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/OI	<del>-</del>
Date	Payee name
06/30/2025	Fairly, Caroline
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	109 Chucker Street
\$1,000.00	109 Chucker Street
Expenditure from	
corporate funds	Amarillo, TX 79124
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
06/26/2025	Guillen, Ryan
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 2910
Expenditure from corporate funds	Austin, TX 78768
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/OI	

#### 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 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	
4 7 1 0 1 1 54	
1 Total pages Schedule F1: Sch: 5/12 Rpt: 20/27	2 FILER NAME Wholesale Beer Distributors Of Texas PAC 3 Filer ID (Ethics Commission Filers) 00015672
4 Date	5 Payee name
06/26/2025	Hancock, Kelly (Mr.)
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 821349
,—,•••••	
Expenditure from corporate funds	North Richland Hills, TX 76182
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.
LAFENDITORE	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
06/27/2025	Hickland, Hillary
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	PO Box 1191
Expenditure from corporate funds	Belton, TX 76513
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITORL	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
07/24/2025	Hinojosa, Juan
	The state of the s
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	612 Nolana
	Suite 410-B
Expenditure from corporate funds	McAllen, TX 76155
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
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 - 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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/12 Rpt: 21/27 Wholesale Beer Distributors Of Texas PAC 00015672 4 Date Payee name Holt, Janis 07/18/2025 6 Amount (\$) Payee address; State; Zip Code \$1,000.00 4246 Clearlake Road Expenditure from Kountze, TX 77625 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/26/2025 Hopper, Andy Amount (\$) Payee address; City; State; Zip Code \$1,000.00 210 Edgewood Drive Expenditure from Highland Village, TX 75077 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2025 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 Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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 (outer a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/V on Guide explains how to co	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:					2	Filer ID	(Ethics Commission File	are)
_	Sch: 7/12 Rpt: 22/27	Wholesale Beer Distrib	utors Of Texas PAC			3	00015672	(Luics Commission in	513)
4	Date	Payee name							
•	06/26/2025	Hunter, Todd							
_									
6	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$1,500.00	14617 South Padre Isla	and Drive						
_	T Expenditure from								
	corporate funds	Corpus Christi, TX 784	18						
8	PURPOSE	a) Category (See Categories lis	ted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donation			Check if travel	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITORE	Candidate/Officeholder	r/Political Committee		_		officeholder living	expense	
					Campaign Co	onti	ribution		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nar	me Office sou	ıght			Office he	eld	
	Date	Payee name							
	06/26/2025	Jones, Venton							
	Amount (\$)	Payee address; City;	State; Zip Co	ndo					
	\$1,000.00	1075 Griffin Street Wes	, ,	Jue					
	\$1,000.00		51						
Expenditure from corporate funds		ste 212							
		Dallas, TX 75215							
	PURPOSE	a) Category (See Categories list	ted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donation					de of Texas. Com		
	EXI ENDITORE	Candidate/Officeholder	/Political Committee		<b>—</b>		officeholder living	expense	
					Campaign Co	onti	ribution		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nar	me Office sou	ıght			Office he	eld	
	Date	Payee name							
	06/30/2025	King, Phil (Mr.)							
	Amount (\$)	Payee address; City;	State; Zip Co	ndo					
	\$1,500.00	2110 Fort Worth Highw	•	Jue					
	Φ1,500.00	ZIIO FOIL WOILII FIIGHW	ay						
	Expenditure from corporate funds	Weatherford, TX 76086	5						
	PURPOSE	a) Category (See Categories list	red at the top of this schedule)	(b)	Description				
	OF	Contributions/Donation		` ′	`	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Candidate/Officeholder			Check if Austin	TX,	officeholder living	expense	
					Campaign Co	onti	ribution		
	Complete ONLY if direct	Candidate/Officeholder nar	ne Office sou	ight			Office he	eld	
	expenditure to benefit C/O								

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
ordan dara i ayındın	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 8/12 Rpt: 23/27	Wholesale Beer Distributors Of Texas PAC 00015672					
4 Date	5 Payee name					
07/16/2025	Martinez, Armando					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	1107 West 4th Street					
Expenditure from corporate funds	Weslaco, TX 78596					
8 PURPOSE						
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry					
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					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Davies name					
	Payee name					
07/24/2025	Menendez, Jose					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	7121 US Hwy 90 West					
Evpanditura from	Suite 240					
Expenditure from corporate funds	San Antonio, TX 78227					
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					
experialiture to benefit C/Oi	'					
Date	Payee name					
06/26/2025	Moody, Joe					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 920827					
Expenditure from corporate funds	El Paso, TX 79902					
•						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry					
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						

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/12 Rpt: 24/27 Wholesale Beer Distributors Of Texas PAC 00015672 4 Date Payee name 06/26/2025 Noble, Candy 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1105 East Main Street #223 Expenditure from Allen, TX 75002 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/26/2025 Ordaz, Claudia Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O. Box 71738 Expenditure from El Paso, TX 79917 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/15/2025 Paul, Dennis Amount (\$) Payee address; City: State; Zip Code \$1,500.00 626 1/2 Barringer Lane Suite E Expenditure from Webster, TX 77598 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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 Comm 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 (party a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal name Calculula E4.	G File ID (File Commission Files)
1 Total pages Schedule F1: Sch: 10/12 Rpt: 25/27	2 FILER NAME Wholesale Beer Distributors Of Texas PAC 3 Filer ID (Ethics Commission Filers) 00015672
4 Date	5 Payee name
07/18/2025	Richardson, Keresa
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1179
Expenditure from corporate funds	McKinney, TX 75070
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee 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
06/26/2025	Shofner, Joanne
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	638A North University Drive
	#177
Expenditure from corporate funds	Nacogdoches, TX 75961
PURPOSE	(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
07/15/2025	Tepper, Carl
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4609 86th Street
Ψ1,000.00	4003 0011 311661
Expenditure from corporate funds	Lubbock, TX 79424
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 11/12 Rpt: 26/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
06/27/2025	Thompson, Senfronia
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	10527 Homestead Road
Expenditure from corporate funds	Houston, TX 77016
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	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	1
Date	Payee name
06/26/2025	Turner, Chris
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 171138
— Forestitus from	
Expenditure from corporate funds	Arlington, TX 76003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2025	Vasut, Cody
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2724
Expenditure from corporate funds	Angleton, TX 77516
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	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	

### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor 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: 12/12 Rpt: 27/27	Wholesale Beer Distributors Of Texas PAC 00015672
4 Date	5 Payee name
06/26/2025	Wharton, Trey
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1242
Expenditure from corporate funds	Huntsville, TX 77342
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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held