SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

			1 Filer ID (Ethics Commi	ssion Filers)	2 Total pages file	əd:		
TI	he SPAC Instruction Guid	de explains how to complete this form.			20			
3	COMMITTEE NAME				OFFICE	USE ONLY		
	Frion	ds of Total Wine in Rockwall			Date Received			
	Fnen							
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI 130 N Preston Rd Prosper TX	IP CODE	03/22/24 Via emo	Q 4:59pm			
				Date Hand-delivered	or Date Postmarked			
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr. Caleb A	N	11	Receipt #	Amount \$		
		NICKNAME LAST Milne	S	UFFIX	Date Processed 03/25/20 Date Imaged 03/25/20	f ¢		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE #; CITY; S	TATE;	ZIP CODE			
	TREASURER STREET ADDRESS (Residence or Business)	130 N Preston Rd Prosper TX 75078				~		
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUI 130 N Preston RD Prosper TX 75078	TE #; CITY; S	TATE;	ZIP CODE			
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION					
9	REPORT TYPE	July 15 8	0th day before election th day before election Runoff	x	Exceeded Modified Re Dissolution Report (At 10th day after campaig			
10	COVERED	Month Day Year	THROUGH		Month Day	Year 2023		
11	ELECTION	ELECTION DATE Month Day Year Primary	ELEC		ther Ballot Ir	itiative		
For	GO TO PAGE 2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2024							

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		ends of Total Wine in F	Rockwall	13 Filer ID (Ethics Commission Filers)		
14 COMMITTEE PURPOSE (Attach lists on plain pape	er to	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME			
complete this report if necessary.) SUPPORT (Candidate or Measure)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	əholder)		
			BALLOT IDENTIFICATION / # Mor	ELECTION DATE nth Day Year		
		L MEASURE	DESCRIPTION Legalization of the retail sale of all alc	holic beverages in Rockwall		
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF	OLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ 0		
	2.	TOTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 84000		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED P	POLITICAL EXPENDITURES	\$ 0		
	4.	TOTAL POLITICAL E	\$ 84000			
CONTRIBUTION BALANCE	DAY \$ 0					
OUTSTANDING LOAN TOTALS						
			alty of perjury, that the accompanying red to be reported by me under Title 15	•		
			Signature of Campaign	Treasurer (Declarant)		
		Please co	omplete either option below:			
(1) Affidavit AFFIX NOTARY STAMP/	SEALAE	BOVE				
-						
Sworn to and subscrib			ich, witness my hand and seal of office.	, this the		
			,			
Signature of officer adm	inisterir	ng oath Printed n	name of officer administering oath OR	Title of officer administering oath		
(2) Unsworn Declarati	on					
My name is Caleb Mill			, and my date of birth is			
My address is 9825 Ty	ler D	r (street)	, <u>McKinney</u>	, <u>TX</u> , <u>75078</u> . (state) (zip code)(country).		
Executed in Collin		, , ,	as, on the 22day of March	, ₂₀ 24		
			Signature of Can	npaign Treasurer (Declarant)		

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)				
	Friends of Total Wine in Rockwall					
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$		
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	IONS		\$		
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION	X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM ORGANIZATION	M CORP	PORATION OR LABOR	\$		
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON O	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION				
7.	SCHEDULE E: LOANS	SCHEDULE E: LOANS				
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI	TICAL (CONTRIBUTIONS	\$		
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	IS TO A	BUSINESS OF C/OH	\$		
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	CAL CO	NTRIBUTIONS	\$		
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	IBUTIO	NS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	oation / Job title (See Instructions) 9	Employer (See Instruct	ions)
	Date	Full name of contributor	D#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor Out-of-state PAC (IE	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor out-of-state PAC (IC	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	۱.	1 Total pages Schedule A2:		
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	4			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of I In-kind contribution Contribution \$ I description		
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	 cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
	ATTACH ADDITIONAL COPIES OF I If contributor is out-of-state PAC, please see Instruct				

PLEDGED CONTRIBUTIONS

SCHEDULE B

	· · ·					
The Instruction Guide explains how to complete this form.	1 Total pages Sched	1 Total pages Schedule B:				
2 FILER NAME	3 Filer ID (Ethics C	ommission Filers)				
4 TOTAL OF UNITEMIZED PLEDGES	\$					
5 Date 6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description				
7 Pledgor address; City; State; Zip Code		, . ide of Texas. Complete Schedule T.				
10 Principal occupation / Job title (See Instructions) 11 Employer (See	1	ide of lexas. Complete Schedule 1.				
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description				
Pledgor address; City; State; Zip Code						
	Check if travel outs	ide of Texas. Complete Schedule T.				
Principal occupation / Job title (See Instructions) Employer (See	Instructions)					
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description				
Pledgor address; City; State; Zip Code		 				
	Check if travel outs	ide of Texas. Complete Schedule T.				
Principal occupation / Job title (See Instructions) Employer (See	Instructions)					
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description				
Pledgor address; City; State; Zip Code	. Check if travel outs	' ide of Texas. Complete Schedule T.				
Principal occupation / Job title (See Instructions) Employer (See						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form.	1	Total pages Schedule C1:
FILER NAM	ΛΕ	3	Filer ID (Ethics Commission Filers)
riends of	Total Wine in Rockwall		
Date	5 Corporation / Labor Organization name	7	Amount of contribution (\$)
)3NOV23	RSSI		\$84000
	6 Corporation / Labor Organization address; City; State; Zip Code		
	6600 ROCKLEDGE DR Bethesda Maryland		
Date	Corporation / Labor Organization name		Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name		Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name		Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name		Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEE	EDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

	The Instruction Guide explains how to complete this form.	1 Total pages Sched	ule C2:
2 FILER NAM	ЛЕ	3 Filer ID (Ethics Cor	nmission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsid	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsid	I de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsic	de of Texas. Complete Schedule T.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ULE AS NEEDED	

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

	If the r	equested information is not applicable, DO NOT include this page	ge in the report.			
		The Instruction Guide explains how to complete this form.	1 Total pages Sched	ule D:		
2	FILER	NAME	3 Filer ID (Ethics Commission Filers)			
4	Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description		
		6 Corporation / Labor Organization address; City; State; Zip Code		 		
			Check if travel outs	side of Texas. Complete Schedule T.		
	Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description		
		Corporation / Labor Organization address; City; State; Zip Code		1 		
			Check if travel outs	side of Texas. Complete Schedule T.		
	Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description		
		Corporation / Labor Organization address; City; State; Zip Code		 		
			Check if travel out	side of Texas. Complete Schedule T.		
	Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description		
		Corporation / Labor Organization address; City; State; Zip Code		 		
			Check if travel out	side of Texas. Complete Schedule T.		
	Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description		
		Corporation / Labor Organization address; City; State; Zip Code		1		
			Check if travel out	side of Texas. Complete Schedule T.		
		ATTACH ADDITIONAL COPIES OF THIS SCHED	OULE AS NEEDED			

LOANS	LOANS SCHEDULE E						
If the requested	information is not applicable, DO NO	Γ include this page in the repo					
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UN	ITEMIZED LOANS		\$				
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date				
Y N		42					
12 Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)					
14 Description of Coll	lateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political tions)				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
	18 Guarantor address; City;	State; Zip Code					
not applicable							
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	1				
Date of loan	Name of lender Out-of-state	PAC (ID#:)	Loan Amount (\$)				
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate				
Y N			Maturity date				
Principal occupati	I on / Job title (See Instructions)	Employer (See Instructions)					
Description of Coll	lateral		ds were deposited into political				
	Numeration of the second secon	account (See Instruc					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	Guarantor address; City;	State; Zip Code					
not applicable							
Principal Occupat	ion (See Instructions)	Employer (See Instructions)					
If Io	ATTACH ADDITIONAL COF ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE struction guide for additional re					

POLITICAL EX		TURES MADE FR	ROM P	OLITICAL	SCH	edule F1
If the requested information	ation is not	applicable, DO NOT includ	le this pag	ge in the report.		
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Rei Consulting Expense Food/Beverage Expense Office Overhead/Rental Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Credit Card Payment The Instruction Guide explains how to complete this form. Other (enter a category not listed)						
1 Total pages Schedule F1:		иаме of Total Wine in Rockwa	II		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n	^{ame} Polinexus LLC				
6 Amount (\$)	Amount (\$) 7 Payee address; City; State; Zip Code 130 N Preston RD Prosper TX 75078					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other (Field) (b) Description petition gathering					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	uddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee	name				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held
	A	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS SCHE						
If the requested inform	ation is not	applicable, DO NOT inclu	ide this pag	ge in the report.		
		EXPENDITURE CATE	GORIES FC	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)	se
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEN	IZED UN	PAID INCURRED OBLI	IGATIONS		\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State; Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Polit	ical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	is schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate / Officeholder name	Off	fice sought	Office held	
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State; Zip Code	
TYPE OF EXPENDITURE		Political	Non-Poli	tical		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of th	iis schedule)	Description		
		Check if travel outside of Texas. Complete	te Schedule T.	Check if A	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeholder name	Of	fice sought	Office held	
Forms provided by Texas Ethi		CH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NE	EDED Revised 1/1/202	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.

	TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:					
2	FILER NAME		3	Filer ID	(Ethics	s Commissior	n Filers)	
4	Date	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; Cit	y;			State;	Zip Code	
		7 Description of investment						
		8 Amount of investment (\$)						
	Date	Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; City	y;			State;	Zip Code	
		Description of investment						
		Amount of investment (\$)						
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS	S NEED	DED			

EXPENDITUR					he report.	SCHE	EDULE F4	
	EXPE	ENDITURE CAT	EGORIES	FOR BOX '	10(a)			
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)								
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID (Ethic	s Commission Filers)	
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$		
5 CREDIT CARD ISSUER	Name of financial instituti	on						
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Cr	redit Card Issue	r Paid		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City	r, State	, Zip Code	
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories lis	ted at the top of this scheo side of Texas. Complet		(b) Descriptio		TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r			ice Sought		Office He		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Ci	redit Card Issue	r Paid		
PAYEE	(a) Payee name	<u></u>	(b) Payee ad	dress;	City	r, State	, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description	on			
Non-Political	(C) Check if travel out	side of Texas. Complet			Check if Austin	ı, TX, officeholder livir		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder 1	name	Off	ice Sought		Office He	ld	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) C	redit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	/, State	, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories li:	sted at the top of this sche	dule)	(b) Descripti	ion			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check				Check if Aus	neck if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	ice Sought		Office He	ld	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide e:	Office O Polling E se Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule H:	2 FILER N				3 Filer ID (Ethics	s Commission Filers)	
						,	
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top o	f this schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	, TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
Date	Business	s name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	f this schedule)	Description			
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
Date	Business	s name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top c	of this schedule)	Description			
		Check if travel outside of Texas. Comp	olete Schedule T.	Check if Austir	n, TX, officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder name		Office sought		Office held	
	ATI	FACH ADDITIONAL COP	PIES OF THIS	SCHEDULE AS NEE	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)				
4 Date	5 Payee name								
6 Amount (\$)	7 Payee address;	City		State	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Sec required.)	e instructions regar	rding type of	f information				
Date	Payee name								
Amount (\$)	Payee address;	City		State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions rega	rding type o	f information				
Date	Payee name								
Amount (\$)	Payee address;	City		State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions rega	rding type o	f information				
Date	Payee name								
Amount (\$)	Payee address;	City		State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions rega	arding type c	f information				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	The Instruction Guide explains how to complete this form.					
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; State; Zip Code					
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 2 FILER NAME 3 Filer ID (Ethics Commission Files) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 5 Contributor / Expenditure reported on:								
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contributor / Expenditure reported on:	The Instru	The Instruction Guide explains how to complete this form.						
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Dissolution" ••

1	COMMITTEE NAME

2 Filer ID (Ethics Commission Filers)

Friends of Total Wine in Rockwall

³ Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Caleb Milns

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

Please complete either option below:	
(1) Affidavit AFFIX NOTARY STAMP / SEALABOVE	
Sworn to and subscribed before me, by the said day of, 20, to certify which, witness my hand and seal of office.	, this the
Signature of officer administering oath Printed name of officer administering oath OR	Title of officer administering oath
Executed in Collin County, State of Texas , on the 22 day of March (month)	24/1989 (state) (zip code)(country) , 20 24 (year) <i>Wilms</i> gn Treasurer (Declarant)

			OFFICE USE ONLY			
	AFFIDAVIT FOR ELECTRONIC FILIN	Date Received				
			Date Hand-delivered	or Date Postmarked		
that has accepte than \$32,810 in	nuary 1, 2024, a campaign treasurer d more than \$32,810 in political con political expenditures in <u>any</u> calend	tributions or made more	Receipt #	Amount \$		
subsequent repo	rts electronically.		Date Processed			
Filer name		Filer ID #	Date Imaged			

- 1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I am filing this affidavit with the ______ report due on ______ understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit						
			Signature of Campaign Treasurer			
NOTARY STAMP/SEAL						
Sworn to and subscribed before m	ne by		this	the	day of	,
20, to certify which, with	iness my hand and seal of	office.				
Signature of officer administering oath	Printed	name of officer administe	ering oath		Title of office	r administering oath
		OR		A Sector Anna		
(2) Unsworn Declaration						
My name is		, an	d my date of b	irth is		
My address is	(street)		(city)		,,,	(country)
Executed in	County, State of	, on the	day of		, 20	
				(month)	(year)	-
			Signature	e of Campaig	n Treasurer (D	eclarant)
	HO ARE EXEMPT FF L REQUIRED TO FIL					

. I