SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

Th	ne SPAC Instruction Guid	le explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3	COMMITTEE NAME				
				OFFICE USE ONLY Date Received	
	Frien	ds of Total Wine in Rockwall		Date Neceived	
4	COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CIT	received 03/22/24@4:59pm via email - KOT-		
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked	
Э	TREASURER NAME	Mr. Caleb A		Receipt # Amount \$	
		NICKNAME LAST Milne	SUFFIX	Date Processed 03/25/24 Date Imaged 03/25/24	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE #; CITY; STATE;	ZIP CODE	
7	CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; APT / SUIT 130 N Preston RD Prosper TX 75078	TE #; CITY; STATE;	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9	REPORTTYPE	July 15 81	Oth day before election th day before election x unoff	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR) 10th day after campaign treasurer termination	
10	PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
11	ELECTION	ELECTION DATE Month Day Year Primary General		Other Ballot Initiative Description————————————————————————————————————	
	GO TO PAGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS COVER

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		ends of Total Wine in I	Pockwall	13 Filer ID (Ethics Commission Filers)	
	- 111	ends of Total ville in i			
14 COMMITTEE PURPOSE (Attach lists on plain paper to		CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	seholder)	
SUPPORT (Candidate or Measur	re)		BALLOT IDENTIFICATION / #	ELECTION DATE onth Day Year	
OPPOSE (Candidate or Measu	re)	MEASURE			
ASSIST (Officeholder)			DESCRIPTION Legalization of the retail sale of all ale	cholic beverages in Rockwall	
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ 0	
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS SES, LOANS, OR GUARANTEES OF LOANS)	\$ 84000	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED I	POLITICAL EXPENDITURES	\$ 0	
TOTALS	4.	TOTAL POLITICAL E	EXPENDITURES	\$ 84000	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING	NTRIBUTIONS MAINTAINED AS OF THE LAST PERIOD	T DAY \$ 0	
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$ 0		
			nalty of perjury, that the accompanying ired to be reported by me under Title 1		
			Signature of Campaig	n Treasurer (Declarant)	
		Please c	omplete either option below:		
(1) Affidavit					
AFFIX NOTARY STAMP	SEALA	BOVE			
Sworn to and subscri	bed be	efore me, by the said _		, this the	
			nich, witness my hand and seal of office).	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
OR					
(2) Unsworn Declaration					
My name is Caleb Mil)r	, and my date of birth is McKinney	TX 75078	
My address is 9825 T		(street)	(city)	(state) (zip code)(country)	
Executed in Collin		County, State of Tex	(as, on the 22day of March		
			Cal	let Milne	
			Signature of Ca	mpaign Treasurer (Declarant)	
l					

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	17 COMMITTEE NAME 18 Filer ID (Ethics Commi					
	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 CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$84000			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORF	PORATION OR LABOR	\$			
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	R ORGANIZATION	\$			
7.	SCHEDULE E: LOANS		\$			
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	^{\$} 84000			
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$			
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.						
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution description			
	7 Contributor address; City; State;	Zip Code	I I Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	ver (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	outor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	,	Amount of In-kind contribution Contribution \$ 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	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contrik	outor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	If the requestion in the applicable, De ree! Installe time page in the repetit						
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:		
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)		
4	TOTAL OF	UNITEMIZED PLEDGES		\$			
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description		
		7 Pledgor address; City; Sta	ate; Zip Code		 - .		
L					ide of Texas. Complete Schedule T.		
10) Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)			
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; St	ate; Zip Code	~			
				Check if travel outs	·. ide of Texas. Complete Schedule T.		
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description		
		Pledgor address; City; St	ate; Zip Code		 		
				Check if travel outs	ide of Texas. Complete Schedule T.		
	Principal occu	pation / 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 occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	ILE AS NEEDED			
	If	contributor is out-of-state PAC, please see Inst	truction guide for	additional reporting	g requirements.		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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 C1:
2 FILER NAM	ИE	3 Filer ID (Ethics Commission Filers)
Friends of	Total Wine in Rockwall	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
03NOV23	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 (\$)
24.0		
	Corporation / Labor Organization address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE C2

if the requested information is not applicable, bo NOT include this page in the report.						
		The Instruction Guide explains how to complete this form.	1	Total pages Sched	ule C2:	
2	FILER NAM	IE .	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 outside	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 outside	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	le of Texas. Complete Schedule T.	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule D:				
2 FILER	NAME	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution \$ description				
	6 Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outside of Texas. Complete Schedule T.				
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description				
	Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outside of Texas. Complete Schedule T.				
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description				
	Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outside of Texas. Complete Schedule T.				
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ I description				
	Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outside of Texas. Complete Schedule T.				
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description				
	Corporation / Labor Organization address; City; State; Zip Code					
		Check if travel outside of Texas. Complete Schedule T.				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan	_	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution? Y N	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date		
		13 Employer (See Instructions)			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution? Y N			Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal fun	ds were deposited into political		
none account (See Ins					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code					
not applicable					
Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Agges/Contract Labor Other (enter a category not listed	above)		
	The instruction Guide explains now to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Friends of Total Wine in Rockwall	3 Filer ID (Ethics Commiss	ion Filers)		
4 Date	5 Payee name				
	Polinexus LLC				
6 Amount (\$)	7 Payee address; 130 N Preston RD Prosper TX 75078	City; State; Zip Co	ode		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	Other (Field)	petition gathering			
PURPOSE OF					
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office he	ld		
· · · · · · · · · · · · · · · · · · ·	•				
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Co	ode		
	Category (See Categories listed at the top of this schedule)	Description			
DUDDOOF					
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office he	ld		
	T _				
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip C	ode		
	Category (See Categories listed at the top of this schedule)	Description			
DI IDAGO					
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office h	eld		
expenditure to benefit C/O					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District		
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
, , , , , , , , , , , , , , , , , , ,					
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL	IGATIONS	\$		
5 Date	6 Payee name				
7	O Davis address	Cit.	State: Zin Code		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF					
EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description			
	(a) Satisfier (coo satisfier so noted at the top of a	(2) 2000			
PURPOSE OF					
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense		
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office field		
	_				
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of t	his schedule) Description			
PURPOSE					
OF EXPENDITURE					
EXPENDITORE					
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O	41				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	AT IACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NI	EEDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

1	The Instruction Guide explains how to complete this form.	1	1 Total pages Schedule F3:			
2 FILER NAME		3	Filer ID	(Ethics Commiss	ion Filers)	
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased;	ity;	• • • • • • • •	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; C	ity;		State;	Zip Code	
	Description of investment					
	Amount of investment (\$)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution 5 CREDIT CARD ISSUER (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **6 PAYMENT** \$ 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (a) Amount Charged **PAYMENT PAYEE** (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held **Complete ONLY if direct** expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT PAYEE** (a) Payee name (b) Payee address; State, Zip Code PURPOSE OF (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Legal Services 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 H:	2 FILER NA	AME				3 Filer ID	(Ethics	Commission Filers)
1 Date	5 Business	name						
Amount (\$)	7 Business	address;			City;		State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sci	:hedule)	(b) Des	cription			
	(c)	Check if travel outside of Texas. Complete Sch	nedule T.		Check if Austin	, TX, officehold	der living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	(Office so	ought		(Office held
Date	Business	name						
Amount (\$)	Business	address;			City;		State;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this sci	:hedule)	Des	cription			
EXPENDITURE		Check if travel outside of Texas. Complete Sch	nedule T.		Check if Austin,	TX, officehold	ler living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	(Office so	ought		(Office held
Date	Business	name						
Amount (\$)	Business	address;			City;		State;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this so	chedule)	Des	scription			
EXPENDITURE		Check if travel outside of Texas, Complete Sch	hedule T.		Check if Austin	, TX, officeholo	der living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office so	ought		(Office held
	ATT	ACH ADDITIONAL COPIES (OF THIS S	SCHEDU	JLE AS NEE	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Cor	mmission 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 (See required.)	instructions regard	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regal	rding type of	information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE K

	The	dule K:					
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; Stat	e; 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; Sta	tte; 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	te; 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	political contribution	returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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 Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	iture reported	on:				
			Sobodulo C2	Schodulo D		
Schedule F2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-ID					
6 Dates of travel 7 Name of person(s) traveling						
	8 Departur	re city or name of departure locat	ion			
	9 Destinati	ion city or name of destination lo	cation			
10 Means of transportati	on	11 Purpose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend	liture reported	I on:				
Schedule A2	Sche	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2						
Dates of travel Name of person(s) traveling						
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

	The Instruction Guide explains how to complete this formula of the complete only if "Report Type" on page 1 is marked "Dissol					
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 Mi	lns				
	Signature of Car	npaign 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	, this the				
	day of, 20, to certify which, witness my hand and seal of office	e.				
	Signature of officer administering oath	Title of officer administering oath				
	OR					
	(2) Unsworn Declaration My name is Caleb Milne, and my date of birth is	08/24/1989				
	My name is Caleb Milne, and my date of birth is My address is 130 N Preston RD Prosper TX 75078,,					
	(street) (city)	(state) (zip code)(country)				
	Executed in Collin County, State of Texas, on the 22 day of Marc	h, 20_24				
		onth) (year)				
	Signature of C	ampaign Treasurer (Declarant)				
	Signature of C	ampaign neadulei (Decidiani)				



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

than \$32,810 in political expenditures in <u>any</u> cases subsequent reports electronically.	Date Processed	
Filer name	Filer ID #	Date Imaged
I swear or affirm that the political committ	ee of which I am the campa	ign treasurer has not accepted

- 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.
- 2. 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.
- 5. 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:

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

Signature of Campaign Treasurer (Declarant)

OFFICE USE ONLY

Date Hand-delivered or Date Postmarked

Amount \$

Date Received