

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087476	2 Total pages filed: 14
3 COMMITTEE NAME Coalition of Democratic Allies		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/13/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 100 Watercourse Way Bastrop, TX 78602		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Julie A.		
	NICKNAME LAST SUFFIX Cormie		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 203 Kona Dr Bastrop, TX 78602		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 203 Kona Dr Bastrop, TX 78602		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 203 Kona Dr Bastrop, TX 78602		
	AREA CODE PHONE NUMBER EXTENSION (337) 515-1098		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Coalition of Democratic Allies	13 Filer ID (Ethics Commission Filers) 00087476
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,208.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,323.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Julie A. Cormie

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Coalition of Democratic Allies		18 Filer ID (Ethics Commission Filers) 00087476
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,746.20
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 462.60
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,422.90
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/14
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Russell (Mr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Bastrop, TX 78602		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Daniel (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	Amount of Contribution (\$) \$240.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/14
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugosh, Ann (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Stockdale, TX 78160	
8 Principal occupation / Job title (See Instructions) rancher		9 Employer (See Instructions) self
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewald, Bart (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hilltop Lake, TX 77871	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Craig (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Paige, TX 78659	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Craig (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Paige, TX 78659	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Craig (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Paige, TX 78659	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/14
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Craig (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Paige, TX 78659	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 03/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holdeman, Annette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Round Top, TX 78954	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Lissa (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Lissa (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marmell, Carole (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Elgin, TX 78621	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/14
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Cynthia (Ms.)	7 Amount of Contribution (\$) \$8.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) Yoga instructor		9 Employer (See Instructions) self
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Cynthia (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Yoga instructor		Employer (See Instructions) self
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Megan (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) n/a
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Theresa (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peyson, Robin (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/14
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rambo, Alice (Ms.)	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Bastrop, TX 78602		
8 Principal occupation / Job title (See Instructions) retired teacher		9 Employer (See Instructions) n/a
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary (Ms.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Donald (Mr.)	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Bastrop, TX 78602-2098		
Principal occupation / Job title (See Instructions) District Manager/Sales		Employer (See Instructions) Buffett Crampon
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Donald (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bastrop, TX 78602-2098		
Principal occupation / Job title (See Instructions) District Manager/Sales		Employer (See Instructions) Buffett Crampon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/14
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Donald (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602-2098	
8 Principal occupation / Job title (See Instructions) District Manager/Sales		9 Employer (See Instructions) Buffett Crampon
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ruth (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602-2098	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ruth (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602-2098	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincik, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephanie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 10/14	
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/27/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	8 Amount of contribution (\$) \$91.84	9 In-kind contribution description Food for March event
	7 Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Lissa (Mrs.)	Amount of contribution (\$) \$41.36	In-kind contribution description Food for March Event
	Contributor address; City; State; Zip Code Smithville, TX 78957	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) writer		Employer (FOR NON-JUDICIAL) (See instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor'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)			
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary (Ms.)	Amount of contribution (\$) \$47.22	In-kind contribution description Food for March Event
	Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions) n/a	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor'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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 11/14	
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/27/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ruth (Mrs.)	8 Amount of contribution (\$) \$282.18	9 In-kind contribution description Supplies for March Event
	7 Contributor address; City; State; Zip Code Bastrop, TX 78602-2098		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions) n/a	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Check if travel outside of Texas. Complete Schedule T.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/27/2023	5 Payee name Costco	
6 Amount (\$) 20.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 10401 Research Blvd Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event, food
Date 05/20/2023	Payee name Dollar General	
Amount (\$) 29.17 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1301 North 3rd Smithville, TX 78957	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Garage sale, tarps
Date 03/30/2023	Payee name Hurley, Phil (Mr.)	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1408 Wilson St Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Music
Date 03/30/2023	Payee name Mothers Against Greg Abbott	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 27881 Austin, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/27/2023	5 Payee name Sticker Mule	
6 Amount (\$) 85.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 336 Forest Ave Amsterdam, NY 12010	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Bumper Stickers with Logo
Date 06/30/2023	Payee name Stripe	
Amount (\$) 88.35 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for payment processor
Date 06/06/2023	Payee name Texas Democratic Party	
Amount (\$) 650.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) VAN, voter access for Bastrop County
Date 03/27/2023	Payee name Trader Joes	
Amount (\$) 49.73 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9722 Great Hills Trail Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event, food, flowers

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/30/2023	5 Payee name Watterson Hall	
6 Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1179 Watterson Rd Red Rock, TX 78662	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Rental for event