

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: 20
3 COMMITTEE NAME Coalition of Democratic Allies		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/25/2024	
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
		Mary	
		NICKNAME	LAST SUFFIX
			Stiteler
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 200 Mossberg Lane Bastrop, TX 78602		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 200 Mossberg Lane Bastrop, TX 78602		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	219-4397	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input checked="" 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	THROUGH	Month Day Year
	01/01/2024		02/23/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	03/05/2024	<input type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

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 Ms. Theresa Boisseau US House of Representatives
		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) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,721.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 475.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,086.29
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.

Mary Stiteler

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 20

12 COMMITTEE NAME Coalition of Democratic Allies		13 Filer ID (Ethics Commission Filers) 00087476
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 Ms. Desiree Venable State Representative
		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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Coalition of Democratic Allies		18 Filer ID (Ethics Commission Filers) 00087476
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,538.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 183.09
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 250.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 475.75
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 5.35
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: 1/10 Rpt: 5/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldaz, Claudio (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78738	
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldaz, Marcela (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code unknown, TX 78602	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldinger, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code The Hills , TX 78738	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bechtol, Anna	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) media		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bechtol, Claudia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Smithville, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 6/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Mark (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) Lab		9 Employer (See Instructions) MD Anderson
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Bill	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code unknown, TX 78602	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blazek, Marie	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewington, Maya (Ms.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions)
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinque, Sue (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Elgin, TX 78621	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 7/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	7 Amount of Contribution (\$) \$25.00
	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 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Nathan (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Fireman		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desaulnier, Steve	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Digiovanni, John (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Lab		Employer (See Instructions) MD Anderson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 8/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Javier <hr/> 6 Contributor address; City; State; Zip Code Elgin, TX 78621	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin, Sheri (Ms.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, William <hr/> Contributor address; City; State; Zip Code bastrop, TX 78602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) MD Anderson
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Lissa <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landau, Yoni (Mr.) <hr/> Contributor address; City; State; Zip Code Chicago, IL 60612	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO/Founder		Employer (See Instructions) Movement Labs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 9/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Cyndy <hr/> 6 Contributor address; City; State; Zip Code Smithville, TX 78759	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehman, Kim <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) media		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lively, Robin <hr/> Contributor address; City; State; Zip Code Smithville Tx, TX 78957	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 10/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacLeod, Lynda	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Smithville, TX 78957	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Montie	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Theresa (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nairn, Rodney	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Angela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 11/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peery, Theresa (Ms.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peery, Theresa (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sainsott, Charlene	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sigmon, Richard & Anne	Amount of Contribution (\$) \$105.00
	Contributor address; City; State; Zip Code Austin, TX 78744	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sizemore, Cari	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Del Valle, TX 78617	
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 12/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sizemore, Emory	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Del Valle, TX 78617	
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teitelman, A C	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ruth (Mrs.)	Amount of Contribution (\$) \$61.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602-2098	
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: 9/10 Rpt: 13/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 01/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ruth (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602-2098	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) n/a
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tristan, Anthony (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78362	
Principal occupation / Job title (See Instructions) politican		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venable, Desiree (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Small Business/dog breeder		Employer (See Instructions) self
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Hali	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code The Hills, TX 78738	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Sharon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) MD Anderson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 14/20
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Richard (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) Lab		9 Employer (See Instructions) MD Anderson
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodruff, James (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code smithville, TX 78957	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yens, Diane	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sanders-Myer, Cynthia (Ms.)	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code Bastrop , TX 78602	
Principal occupation / Job title (See Instructions) city council		Employer (See Instructions) city

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: 15/20	
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/19/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	8 Amount of contribution (\$) \$39.44	9 In-kind contribution description refreshments for mweeting
	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 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.)	Amount of contribution (\$) \$58.34	In-kind contribution description fundraiser supplies
	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)			
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary (Ms.)	Amount of contribution (\$) \$64.79	In-kind contribution description Fundraiser supplies
	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: 16/20	
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/31/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH	8 Amount of contribution (\$) \$20.52	9 In-kind contribution description pins
	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)	
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)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 17/20

2 FILER NAME
Coalition of Democratic Allies

3 Filer ID (Ethics Commission Filers)
00087476

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date
02/23/2024

6 Full name of pledgor out-of-state PAC (ID#: _____)
Macleod, Jessica (Dr.)

7 Pledgor Address; City; State; Zip Code

Austin, TX 78703

8 Amount of
pledge (\$)
\$250.00

9 In-kind description
(If applicable)
pledge

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Doctor

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 18/20	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/14/2024	5 Payee name CODA	
6 Amount (\$) \$167.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 Watercourse Way Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) for meetings , etc.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker Stands
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 02/19/2024	Payee name CODA	
Amount (\$) \$121.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Watercourse Way Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense for meet and greet candidates
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Venable, Desiree (Ms.)	Office sought State Representative District 17
Office held None District 17		
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Boisseau, Theresa (Ms.)	Office sought US Congress
Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 19/20	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/19/2024	5 Payee name CODA	
6 Amount (\$) \$46.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 Watercourse Way Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) calls to voters	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Robo Calls
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/19/2024	Candidate/Officeholder name Elam, Estella (Mrs.)	
Amount (\$) \$125.57 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1239 Carter road Dale, TX 78616	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BBQ tasting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/22/2024	Candidate/Officeholder name Stripe	
Amount (\$) \$14.61 <input type="checkbox"/> Expenditure from corporate funds	Office sought 354 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stripe fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
Sch: 1/1 Rpt: 20/20

2 FILER NAME
Coalition of Democratic Allies

3 Filer ID (Ethics Commission Filers)
00087476

4 Date
02/22/2024

5 Name of person from whom investment is purchased
Act Blue

6 Address of person from whom investment is purchased; City, State; Zip Code
366 Summer st

Somerville, MA 02144

7 Description of investment
fee

8 Amount of investment (\$)
5.35