#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051125 3 COMMITTEE NAME **OFFICE USE ONLY** Coats Rose PAC Date Received **ELECTRONICALLY FILED** 04/29/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 9 Greenway Plaza Suite 1000 Change of Address Houston, TX 77046 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. Barry J. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Palmer CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 9 Greenway Plaza STREET **ADDRESS** Suite 1000 (Residence or Business) Houston, TX 77046 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 9 Greenway Plaza MAILING **ADDRESS** Suite 1000 Change of Address Houston, TX 77046 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (713) 651-0111 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

			1		
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Coats Rose PAC				00051125	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)				
F CONTRIBUTION		DOLITICAL CONTRIBUTION	TIONS (OTLIED THAN		
5 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)     check here if this report qualifies for the higher itemization threshold			\$	0.00
	2. TOTAL POLITICA	·		\$	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR GUAF	RANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	2,500.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF THE REPORTING PERIOD		DAY \$	23,136.87	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT				<u> </u>	
		true and co	affirm, under penalty of pe rrect and includes all infori 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
		Mr. Barry J. Palmer			
			Signature of Car		ırer
AFFIX NOTARY :	STAMP / SEAL ABOVE				
Sworn to and subscribed b	hefore me, by the said		th	nis the	day
of					uuy
	·	•			
Signature of officer adn	ninistering oath	Printed name of officer ac	Iministering oath	Title of office	cer administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

			3 of 4
17 COMMIT Coats R	TEE NAME ose PAC	<b>18</b> Filer ID 00051125	(Ethics Commission Filers)
19 SCHEDU NAME O	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (		\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 2,500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	2 FILER NAME Coats Rose PAC 3 Filer ID (Ethics Commission Filers 00051125	s)
<ul> <li>4 Date 03/26/2024</li> <li>6 Amount (\$) \$2,500.00</li> </ul>	<ul> <li>Payee name     Abbie Kamin Campaign</li> <li>Payee address; City; State; Zip Code     P O Box 56386</li> </ul>	
Expenditure from corporate funds  8 PURPOSE	Houston, TX 77256	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense contribution to campaign	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	