FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086923 3 COMMITTEE NAME **OFFICE USE ONLY** Coalition for Working Families PAC Date Received **ELECTRONICALLY FILED** 07/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 4455 Date Hand-delivered or Date Postmarked Change of Address Pasadena, TX 77502 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jacob NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4412 Merle Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78745 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 4455 MAILING **ADDRESS** Pasadena, TX 77502 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 791-5490 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 05/19/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COM	MITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Coalition for Working Families PAC			0008692	3	
14 COMI ACTIV		Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Dade Phelan S	State Repres	sentative
paper to	lists on plain o complete this f necessary.)		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 CONTA	TRIBUTION ALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	27,100.00
EXPE TOTA	ENDITURE ALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
		4. TOTAL POLITICA	L EXPENDITURES	\$	63,187.00
CON ⁻ BALA	TRIBUTION NCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	330.83
	STANDING I TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFI	DAVIT			<u> </u>	
			I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			Mr. Jac	cob Smith	
			Signature of Ca	mpaign Treas	surer
	AFFIX NOTARY	STAMP / SEAL ABOVE			
Swo	orn to and subscribed	before me, by the said	, t	his the	day
of		, 20, to certify \	which, witness my hand and seal of office.		
S	ignature of officer adr	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 11		
17 COMMITT Coalition	EE NAME for Working Families PAC	18 Filer ID 00086923	(Ethics Commission Filers)		
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 27,100.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$		
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 (ORGANIZATION	\$		
9.	SCHEDULE E: LOANS		\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 63,187.00		
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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 2,870.85		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/11	
2	FILER NAME Coalition for	Working Families PAC		3	Filer ID (Ethics Commission 00086923	ion Filers)
4	Date 05/22/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78702				
8	Consultant	pation / Job title (See Instructions)	9 Employer (See Instructions Self)		
	Date Full name of contributor out-of-state PAC (ID#:) D5/21/2024 Davidson, Logan (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions)		
	Consultant	parent for the (coe menders)	Self	,		
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ Houghton, Edward (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		El Paso , TX 79901				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Houghton Financial Part		rs .	
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Mitchell, Jim (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$5,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/20/2024 Ramsey, Mike (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77706			Amount of Contribution (\$)	\$10,000.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Law Firm of Byrd Ramse			

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.				hedule A1: 5/11
2	FILER NAME Coalition for	: r Working Families PAC		3 Filer ID (Ethic 00086923	cs Commission Filers)
4	Date 06/06/2024	 Full name of contributor		7 Amount of Con	tribution (\$) \$100.00
		Austin, TX 78748			
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instruction Retired	ns)	
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#: Watts Law Firm LLP Contributor address; City; State; Zip Code Austin, TX 78704)	Amount of Con	tribution (\$) \$10,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)	

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 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)

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 1/5 Rpt: 6/11	Coalition for Working Families PAC	00086923			
4 Date	5 Payee name				
06/30/2024	Beatty , Leland (Mr.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$5,000.00	1400 Nickerson St.				
Expenditure from corporate funds	Austin , TX 78704				
8 PURPOSE		D) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Cine Steriloadirtental Expense	Check if Austin, TX, officeholder living expense			
		Target voter selection for field program			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held			
experialture to benefit C/O	'				
Date	Payee name				
06/28/2024	Frost Bank				
Amount (\$)	Payee address; City; State; Zip Code	9			
\$5.00	P.O. Box 34746				
Expenditure from corporate funds	San Antonio , TX 78265				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description			
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE		Check if Austin, TX, officeholder living expense			
		Service Fee			
Opening the ONLY if align at	Out lide to 10 ff and a li	Office held			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held			
·					
Date	Payee name				
06/28/2024	Frost Bank				
Amount (\$)	Payee address; City; State; Zip Code	•			
\$10.00	P.O. Box 34746				
Expenditure from					
corporate funds	San Antonio , TX 78265				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description			
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Service Fee			
		GOLVIOO I GG			
Complete ONLY if direct	Candidate/Officeholder name Office sough	office held			
	expenditure to benefit C/OH				

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

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

Credit Card Payment	The Instruction Guide explains how to com	lete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics	Commission Filers)
Sch: 2/5 Rpt: 7/11	Coalition for Working Families PAC	00086923	
4 Date	5 Payee name	'	
05/31/2024	Frost Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Cod		
\$5.00	P.O. Box 34746		
Expenditure from corporate funds	San Antonio , TX 78265		
8 PURPOSE) Description	
OF	Fees	Check if travel outside of Texas. Complete Scher	dule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Service fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	Office held	
experialitate to benefit 6/01	<u> </u>		
Date	Payee name		
05/20/2024	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Cod		
\$15.00	P.O. Box 34746		
Expenditure from corporate funds	San Antonio , TX 78265		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Scher	dule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense	
		Wire transfer fee	
Complete ONLY if direct	Candidate/Officeholder name Office soug	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	9	Office field	
Date	Payee name		
05/22/2024	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Cod		
\$15.00	P.O. Box 34746		
Expenditure from			
corporate funds	San Antonio , TX 78265		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Scher	dule T.
		Check if Austin, TX, officeholder living expense Wire transfer fee	
		The danser lee	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	Office held	
expenditure to benefit C/O		Since neid	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 8/11	Coalition for Working Families PAC 00086923
4 Date	5 Payee name
05/20/2024	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	P.O. Box 34746
Expenditure from corporate funds	San Antonio , TX 78265
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Wire transfer fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	Jeff Crosby Direct Mail
Amount (\$)	Payee address; City; State; Zip Code
\$13,966.00	505 W. 5th Street
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Direct mail
	Direct mail
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Pavee name
05/28/2024	Jeff Crosby Direct Mail
Amount (\$)	Payee address; City; State; Zip Code
\$13,090.00	505 W. 5th Street
, ,,,,,,,	
Expenditure from corporate funds	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Direct mail
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
<u></u>	

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 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)

Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 9/11	Coalition for Working Families PAC	00086923
4 Date	5 Payee name	
05/20/2024	Jeff Crosby Direct Mail	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$13,966.00	505 W. 5th Street	
Expenditure from		
corporate funds	Austin, TX 78701	
8 PURPOSE OF		Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Direct mail
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/31/2024	Moreno, Jesus (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	1710 Miriam	
	Unit 1	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Staff salary
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
Date	Davios nama	
05/21/2024	Payee name Nerd Family Productions	
Amount (\$)	Payee address; City; State; Zip Code	
\$700.00	1110 Calder St.	
Ψ100.00	Suite 102	
Expenditure from corporate funds	Beaumont, TX 77701	
		De contratte u
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overfielda/Nerital Expense	Check if Austin, TX, officeholder living expense
		Photoshoot
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experientale to beliefft C/OI	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

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

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)

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 10/11	Coalition for Working Families PAC	00086923
4 Date	5 Payee name	· ·
06/30/2024	Rivera, Eddiberto (Mr.)	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$2,000.00	5230 Bristol Dr.	
- "		
Expenditure from corporate funds	Beaumont, TX 77707	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Newspaper advertisement
O Complete ONLY if direct	Condidate/Officeholder name	uht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	m. Office field
Date	Payee name	
05/28/2024	The Tyson Organization	
Amount (\$)	Payee address; City; State; Zip Coc	de
\$5,400.00	1351 Mistletoe Drive	
Expenditure from		
corporate funds	Fort Worth, TX 76110	
PURPOSE OF	1	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign phone field program
		control of the contro
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	-	
Date	Payee name	
05/22/2024	The Tyson Organization	
Amount (\$)	Payee address; City; State; Zip Coc	de
\$7,000.00	1351 Mistletoe Drive	•
* 1,200.00		
Expenditure from corporate funds	Fort Worth , TX 76110	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Cinice Overneau/Nental Expense	Check if Austin, TX, officeholder living expense
		Campaign phone field program
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Coalition for Working Families PAC 00086923 5 Name of person from whom amount is received 8 Amount (\$) Date 06/17/2024 \$2,870.85 The Tyson Organization 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76110 Purpose for which amount is received Check if political contribution returned to filer Refund