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) 00087476 3 COMMITTEE NAME **OFFICE USE ONLY** Coalition of Democratic Allies Date Received **ELECTRONICALLY FILED** 10/06/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 100 Watercourse Way Date Hand-delivered or Date Postmarked Change of Address Bastrop, TX 78602 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mary NAME NICKNAME LAST **SUFFIX** Stiteler STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 200 Mossberg Lane STREET **ADDRESS** (Residence or Business) Bastrop, TX 78602 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 200 Mossberg Lane MAILING **ADDRESS** Bastrop, TX 78602 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 219-4397 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Coalition of Democration	Allies		00087476	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		в. Оррозец		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	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)	\$	2,764.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	7,416.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,051.72
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mary	Stiteler	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	l before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 15
		EE NAME of Democratic Allies	18 Filer ID 00087476	(Ethics Commission	Filers)
	HEDULI ME OF :		SUBTOTAL AM	MOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,715.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	49.99
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 CORPORALABOR 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 O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	7,416.81
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 F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBU	JTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/15	
2	FILER NAME Coalition of [Democratic Allies			3	Filer ID (Ethics Commission 00087476	n Filers)
4	Date 07/14/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$80.00
		Smithville, TX 78957					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 07/29/2024	Full name of contributor out-of-state PAG Boerner, Brendan Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Dein sin al a a su	Bastrop, TX 78602		Facelouse (Ossalisations			
	Owner/Cons	pation / Job title (See Instructions) ultant		Employer (See Instructions Karahorum Ventures Inc			
	Date 08/29/2024	Full name of contributor out-of-state PAG Boerner, Brendan Contributor address; City; State; Zip Code	C (ID#:		•	Amount of Contribution (\$)	\$25.00
		Bastrop, TX 78602					
	Principal occu Owner/Cons	pation / Job title (See Instructions) ultant		Employer (See Instructions Karahorum Ventures Inc			
	Date 08/26/2024	Full name of contributor out-of-state PAG Cormie, Julie (Mrs.) Contributor address; City; State; Zip Code Bastrop, TX 78602				Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	<u>(</u> 5)		
Date Full name of contributor out-of-state PAC (ID#:) 08/11/2024 Halamicek, Peggy Contributor address; City; State; Zip Code Schulenburg, TX 78956			Amount of Contribution (\$)	\$80.00			
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			I				

	MONET	ARY POLITICAL CONTRIBI	UTION	NS .		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/15	
2	FILER NAME Coalition of [Democratic Allies			3	Filer ID (Ethics Commission 00087476	n Filers)
4	Date 08/11/2024	 Full name of contributor out-of-state PA Hammer, Kat Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$240.00
		Elgin, TX 78621					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 07/28/2024	Full name of contributor out-of-state PAL Lamphier, Timothy Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Principal occu	Eligin, TX 78621 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Cloud Archite			Oracle	,		
	Date 09/09/2024	Full name of contributor out-of-state PA Landau, Yoni Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$500.00
		Chicago, IL 60612					
	Principal occu CEO/Founde	pation / Job title (See Instructions) er		Employer (See Instructions Movement Labs	s)		
	Date 09/18/2024	Full name of contributor out-of-state PAL Landau, Yoni Contributor address; City; State; Zip Code Chicago, IL 60612			•	Amount of Contribution (\$)	\$170.00
	Principal occu CEO/Founde	pation / Job title (See Instructions)		Employer (See Instructions Movement Labs	5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Landau, Yoni Contributor address; City; State; Zip Code Chicago, IL 60612			Amount of Contribution (\$)	\$805.00			
	Principal occu CEO/Founde	pation / Job title (See Instructions) er		Employer (See Instructions Movement Labs	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/15	
2	FILER NAME Coalition of [Democratic Allies		3	Filer ID (Ethics Commission I 00087476	Filers)
4	Date 07/01/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.00
		Bastrop, TX 78602				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#:_ Logan, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.00
	Principal occu	Bastrop, TX 78602 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	retired		p.oyo. (000ou uou uo	,		
	Date 08/27/2024	Full name of contributor			Amount of Contribution (\$)	\$8.00
		Bastrop, TX 78602				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_Marmell, Carole (Ms.) Contributor address; City; State; Zip Code Elgin, TX 78621			Amount of Contribution (\$)	\$8.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ Marmell, Carole (Ms.) Contributor address; City; State; Zip Code Elgin, TX 78621			Amount of Contribution (\$)	\$8.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions n/a	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/15	
2	FILER NAME Coalition of [Democratic Allies				3	Filer ID (Ethics Commission 00087476	Filers)
4	Date 07/07/2024	5 Full name of contributor Meyer, Cynthia (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)	7	Amount of Contribution (\$)	\$8.00
_	Delicalization	Bastrop, TX 78602		_	For all 1 or 10 or	<u></u>		
8	Yoga instruc	pation / Job title (See Instructions) tor		9	Employer (See Instructions self	5)		
	Date 08/07/2024	Full name of contributor Meyer, Cynthia (Ms.) Contributor address; City; Sta					Amount of Contribution (\$)	\$8.00
	Deinsinal assu	Bastrop, TX 78602			Franks on (Cooks trate estimate	<u></u>		
	Yoga instruc	pation / Job title (See Instructions) tor			Employer (See Instructions self	5)		
	Date 09/07/2024	Full name of contributor Meyer, Cynthia (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$8.00
		Bastrop, TX 78602						
	Principal occu Yoga instruc	pation / Job title (See Instructions) tor			Employer (See Instructions self	s)		
	Date 07/28/2024	Full name of contributor Miller, Allen Contributor address; City; Sta Elgin, TX 78621	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu finance	pation / Job title (See Instructions)			Employer (See Instructions Travis County	5)		
	Date 08/28/2024	Full name of contributor Miller, Allen Contributor address; City; Sta Elgin, TX 78621	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu finance	pation / Job title (See Instructions)			Employer (See Instructions Travis County	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/15	
2	FILER NAME Coalition of [Democratic Allies		3	Filer ID (Ethics Commission 00087476	Filers)
4	Date 07/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
		Bastrop, TX 78602				
8	Principal occur retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_ Stiteler, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Deinsinal assu	Bastrop, TX 78602	Franklavar (Caa Instructions	_		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Stiteler, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Bastrop, TX 78602				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/03/2024	Full name of contributor out-of-state PAC (ID#:_ TODD, RUTH Contributor address; City; State; Zip Code Bastrop, TX 78602			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_ Taylor, Holly Contributor address; City; State; Zip Code Austin, TX 78751			Amount of Contribution (\$)	\$8.00
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions Texas)		

MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
The Instru	ction Guide explains how to complete this f	orm.	1		
			3		Filers)
	Taylor, Holly		7	Amount of Contribution (\$)	\$8.00
Principal occu	Austin, TX 78751 Ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Judge		Texas			
	Full name of contributor out-of-state PAC (ID#:_ Todd, RUTH Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Bastrop, TX 78602				
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Todd, RUTH Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
Principal occu	l '	Employer (See Instructions	s)		
retired					
	The Instru FILER NAME Coalition of Date 08/26/2024 Principal occu Judge Date 08/03/2024 Principal occu retired Date 09/03/2024	The Instruction Guide explains how to complete this for FILER NAME Coalition of Democratic Allies Date 08/26/2024 5 Full name of contributor out-of-state PAC (ID#:	Date 5 Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. FILER NAME Coalition of Democratic Allies Date Date S Full name of contributor out-of-state PAC (ID#: 708/26/2024 Taylor, Holly G Contributor address; City; State; Zip Code Austin, TX 78751 Principal occupation / Job title (See Instructions) Judge Full name of contributor out-of-state PAC (ID#: 708/03/2024 Todd, RUTH Contributor address; City; State; Zip Code Bastrop, TX 78602 Principal occupation / Job title (See Instructions) retired Date O9/03/2024 Full name of contributor out-of-state PAC (ID#: 709/03/2024 Todd, RUTH Cont	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/15 Sch

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/15 FILER NAME 3 Filer ID (Ethics Commission Filers) Coalition of Democratic Allies 00087476 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/03/2024 Cormie, Julie (Mrs.) \$16.44 Paper plates for Meet and 7 Contributor address; City; State; Zip Code Greet Bastrop, TX 78602 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) retired N/A 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 09/22/2024 TODD, RUTH \$33.55 Plastic bags for Literature Contributor address; City; State; Zip Code drops Bastrop, TX 78602 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) 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)

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 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 comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 11/15	Coalition of Democratic Allies	00087476
4 Date	5 Payee name	
07/18/2024	Acme Partnership, LP	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,850.00	3701 Bee Caves Road Suite 101	
Expenditure from corporate funds	Austin, TX 78746	
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.
		Check if Austin, TX, officeholder living expense 2 Billboards
		2 5 115 64 45
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Cities field
Date	Davida nama	
Date 09/25/2024	Payee name Act Blue	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.29	366 Summer st	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fees
		1 Toccssing ices
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	3	Office field
Data		
Date	Payee name	
08/01/2024	Costco	
Amount (\$)	Payee address; City; State; Zip Code	
\$87.35	1901 Kelly Lane	
Expenditure from		
corporate funds	Pflugerville, TX 78660	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food for event
		IOOU IOI GVGIIL
Complete CNII V if divert	Candidate/Officeholder name Office sought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	3	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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 12/15	Coalition of Democratic Allies 00087476
4 Date	5 Payee name
09/19/2024	Domino's
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$54.23	201 Hunters Crossing Blvd
- "	
Expenditure from corporate funds	Bastrop, TX 78602
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	food for meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	<u> </u>
Date	Payee name
09/17/2024	Etsy HQRExpress
Amount (\$)	Payee address; City; State; Zip Code
\$388.02	117 Adams Street
Expenditure from corporate funds	Brooklyn, NY 11201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense T-shirts for volunteers
	1-Shirts for Volunteers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Davida nama
07/26/2024	Payee name Postaurant Donot
	Restaurant Depot
Amount (\$)	Payee address; City; State; Zip Code
\$219.16	820 Blackson Ave
Expenditure from	
corporate funds	Austin, TX 78752
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Food for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft G/OI	•

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 Lenal 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 (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 3/5 Rpt: 13/15	Coalition of Democratic Allies 00087476
4 Date	5 Payee name
09/25/2024	Stripe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$73.04	354 Oyster Point Blvd
Expenditure from corporate funds	South San Francisco, CA 94080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	processing fees
	processing ross
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
_	
Date	Payee name
08/19/2024	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$66.10	1106 Main Street
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	postage Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mailing postcards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/20/2024	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$6.00	1106 Main Street
Ψ0.00	1100 Main Street
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	postage Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	mailing postcards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 Co

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 14/15	Coalition of Democratic Allies 00087476
4 Date	5 Payee name
08/23/2024	USPS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$61.20	1106 Main Street
Expenditure from corporate funds	Bastrop, TX 78602
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	postage Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense mailing postcards
	mailing postcards
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/11/2024	Vista Print
Amount (\$)	Payee address; City; State; Zip Code
\$79.20	6706 Lohman Ford Rd
Expenditure from corporate funds	Lago Vista, TX 78645
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	postcards Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense postcards
	posicards
Commission ONII V if dispose	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/27/2024	Vista Print
Amount (\$)	Payee address; City; State; Zip Code
\$95.77	6706 Lohman Ford Rd
Expenditure from corporate funds	Lago Vista, TX 78645
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	postcards, business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 5/5 Rpt: 15/15	2 FILER NAME Coalition of Democratic Allies 3 Filer ID (Ethics Commission Filers) 00087476
4 Date	5 Payee name
08/06/2024	Vista Print
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$108.23	6706 Lohman Ford Rd
Expenditure from corporate funds	Lago Vista, TX 78645
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	postcards
	pootouruo
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	
Date	Payee name
09/06/2024	Vista Print
Amount (\$)	Payee address; City; State; Zip Code
\$250.05	6706 Lohman Ford Rd
Expenditure from corporate funds	Lago Vista, TX 78645
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Slate cards
	Sidio Saras
0 1: 0 1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	
Date	Payee name
09/08/2024	Vista Print
Amount (\$)	
\$68.17	6706 Lohman Ford Rd
Expenditure from	
corporate funds	Lago Vista, TX 78645
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	postcards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
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