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** 10/27/2024 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) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 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 Democrati	c Allies		00087476	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Desiree Venable State Repres	sentative	
(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		
	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)	\$	2,633.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,034.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,534.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all infor under Title 15, Election Code.		
		Mary	Stiteler	
		Signature of Ca	ımpaign Treasurer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 11
		EE NAME of Democratic Allies	18 Filer ID 00087476	(Ethics Commis	sion Filers)
		E SUBTOTALS SCHEDULE		SUBTOTA	L AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,577.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	56.00
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 ORGA	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	\$	2,034.54
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 C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/11	
2	FILER NAME Coalition of I	Democratic Allies				3	Filer ID (Ethics Commissio 00087476	n Filers)
4	Date 10/02/2024	5 Full name of contributor Boerner, Brendan6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$)	\$25.00
		Bastrop, TX 78602						
8	Principal occu Owner/Cons	pation / Job title (See Instructions ultant)	9	Employer (See Instructions Karahorum Ventures Inc			
	Date 10/16/2024	Full name of contributor Boerner, Brendan Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu	Bastrop, TX 78602 pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Owner/Cons	,	,		Karahorum Ventures Inc			
	Date 10/15/2024	Full name of contributor Landau, Yoni Contributor address; City; St	out-of-state PAC (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 10/24/2024	Full name of contributor Landau, Yoni Contributor address; City; St Chicago, IL 60612	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$450.00
	Principal occu CEO/Founde	pation / Job title (See Instructions er)		Employer (See Instructions Movement Labs	5)		
	Date 09/27/2024	Full name of contributor Logan, Laura Contributor address; City; St Bastrop, TX 78602	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$8.00
	Principal occuretired	pation / Job title (See Instructions			Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/11	
2	FILER NAME Coalition of [Democratic Allies		3	Filer ID (Ethics Commission 00087476	on Filers)
4	Date 10/09/2024	 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 09/30/2024	Full name of contributor out-of-state PAC (ID#:_Marmell, Carole (Ms.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$8.00
	Principal occu	Elgin, TX 78621 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	retired		n/a	,		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Allen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Elgin, TX 78621	,			
	Principal occu finance	pation / Job title (See Instructions)	Employer (See Instructions Travis County	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_PAC 134 Contributor address; City; State; Zip Code Mineral Wells, TX 76068			Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_Stiteler, Mary Contributor address; City; State; Zip Code Bastrop, TX 78602		•	Amount of Contribution (\$)	\$20.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/11
2	FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4	Date 10/09/2024 5 Full name of contributor out-of-state PAC (ID#: TODD, RUTH 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25.00
	Bastrop, TX 78602	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired	tructions)
	Date Full name of contributor out-of-state PAC (ID#:	
_	Principal occupation / Job title (See Instructions) Employer (See Instructions) Judge Texas	tructions)

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: 7/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Coalition of Democratic Allies 00087476 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 10/24/2024 TODD, RUTH \$56.00 i postage 7 Contributor address; City; State; Zip Code Bastrop, TX 78602 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) retired 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)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 8/11	Coalition of Democratic Allies	00087476
4 Date	5 Payee name	<u> </u>
10/25/2024	Act Blue	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$23.51	366 Summer st	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experientare to serious ever		
Date	Payee name	
10/19/2024	Bearded Baking Bastrop Tx C	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$74.69	1006 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	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Canvassers
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	•	Tit Office field
Date	Payee name	
10/19/2024	Bearded Baking Bastrop Tx C	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$26.52	1006 Main Street	
Expenditure from		
corporate funds	Bastrop, TX 78602	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Canvassers
		. 552 101 54111465616
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		- Cindo Hold

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 co	omplete	e this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 9/11	Coalition of Democratic Allies		00087476
4 Date	5 Payee name		I
10/19/2024	Bearded Baking Bastrop Tx C		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$11.91	1006 Main Street		
Expenditure from corporate funds	Bastrop, TX 78602		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF	Event Expense		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
		F	Food for Canvassers
		1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office held
Date	Payee name		
10/24/2024	G and C Printing		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$293.75	4125 FM 535		
Expenditure from			
corporate funds	Bastrop, TX 78602		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF EXPENDITURE	Printing Expense	[Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Sidile Cards
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
expenditure to benefit C/O		ug	Cindo insid
Date	Payes name		
10/18/2024	Payee name H.E.B.		
		'odo	
Amount (\$) \$16.68	Payee address; City; State; Zip Ci 104 Hasler Blvd	oue	
φ±0.00	TOT HASISI DIVU		
Expenditure from	Pactron TV 70602		
corporate funds	Bastrop, TX 78602	1	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense	 	Check if Austin, TX, officeholder living expense
		fo	ood for meeting
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	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 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	te this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 10/11	Coalition of Democratic Allies	00087476
4 Date	5 Payee name	·
10/23/2024	Kulmknrg Radio	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$698.00	325 Radio Lane	
Expenditure from		
corporate funds	Columbus, TX 78934	
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.
LAI LINDITORE		Check if Austin, TX, officeholder living expense
		Radio ads
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date		
Date	Payee name	
10/25/2024	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.80	354 Oyster Point Blvd	
Expenditure from		
corporate funds	South San Francisco, CA 94080	
PURPOSE OF	5 (Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fees
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
09/30/2024	USPS	
Amount (\$)	Payee address; City; State; Zip Code	
\$112.00	1106 Main Street	
+ ===:00		
Expenditure from corporate funds	Bastrop, TX 78602	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		postage for postcards
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	The Instruction Guide explains how to co	nplete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 11/11	Coalition of Democratic Allies		00087476
4 Date	5 Payee name		
10/18/2024	USPS		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$500.00	1106 Main Street		
Expenditure from corporate funds	Bastrop, TX 78602		
8 PURPOSE	,	(b) Description	
OF EXPENDITURE	Advertising Expense	ш	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		postage for p	
		poolago ioi p	voctou. do
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office held
expenditure to benefit C/OI		Jiii.	Office field
Date	Payee name		
10/15/2024	Vista Print		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$271.68	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		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
		slate cards	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
		y···•	
expenditure to benefit C/OI		···	
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