FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 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** 11/25/2024 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 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

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2 COMMITTEE NAME				iler ID	(Ethics Commission Filers)	
Coats Rose PAC			00	0051125		
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 Manauros	A. Supported				
	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.)					
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	\$	0.00			
	2. TOTAL POLITICA	\$	0.00			
	(OTHER THAN PLEI	ľ	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00			
	4. TOTAL POLITICA	\$	11,000.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	\$	6,386.87			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I	\$	0.00			
6 AFFIDAVIT	I					
		l swear, or affirm, u true and correct ar under Title 15, Elec	under penalty of perjury, nd includes all informatio ction Code.	that the a	ccompanying report is I to be reported by me	
	Mr. Barry J. P					
			Signature of Campai		rer	
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	hefore me, by the said		this th	۵	day	
		hich, witness my hand and seal		·	uuy	
	- —— ,	•				
Signature of officer ad	ministering oath	Printed name of officer administe	ering oath T	itle of offic	er administering oath	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

	3 of 4								
17 COMMITTEE NAME Coats Rose PAC 18 Filer ID (Ethics Commission Filers) 00051125									
19 SCHEDUL NAME OF	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 (ORGANIZATION	\$						
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 11,000.00						
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 TO FILER	RETURNED	\$						

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		e Legal	Services			/ages	/Contract Labor		OTHER (enter	a category not listed a	above)
	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 1/1 Rpt: 4/4	Coa	ts Rose PAC							00051125		
4	Date	5 Paye	e name									
	11/07/2024	Dad	e Phelan Ca	ımpaign								
6	Amount (\$)	7 Paye	e address;	City;	State;	Zip Co	de					
	\$5,000.00	PO	Box 5990									
L	Expenditure from corporate funds	Aust	tin, TX 7876	3								
8	PURPOSE	(a) Cate	gory (See Cate	egories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		tributions/Do			ŕ		Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	LAFENDITORE	Can	didate/Office	eholder/Polit	ical Comm	ittee		—		officeholder livir	ng expense	
								Contributions	trc	om PAC		
9	Complete ONLY if direct expenditure to benefit C/O		date/Officehol	der name	С	Office sou	ght			Office h	neld	
	Date	Paye	e name									
	11/11/2024	Frie	nds of Cecil	Bell, Jr.								
	Amount (\$)	Paye	e address;	City;	State;	Zip Co	de					
	\$1,000.00	PO	Box 819	•								
	·											
	Expenditure from corporate funds	Mag	nolia, TX 77	353								
	PURPOSE	(a) Cate	gory (See Cate	egories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		tributions/Do		,			=			mplete Schedule T.	
Candida			didate/Office	eholder/Polit	ical Comm	ittee		ш		officeholder livir	ng expense	
								Contribution f	101	II PAC		
	0 1: 0:11:4"		1							0,11		
	Complete ONLY if direct expenditure to benefit C/O		date/Officehol	der name	C	Office sou	gnt			Office h	iela	
	Date	Paye	e name									
	11/12/2024	Lois	W. Kolkhors	st Campaigr	1							
	Amount (\$)	Paye	e address;	City;	State;	Zip Co	de					
	\$5,000.00	PO	Box 2546									
	Expenditure from corporate funds	Brer	nham, TX 77	834								
	PURPOSE		gory (See Cate			edule)	(b)	Description				
	OF EXPENDITURE		tributions/Do								mplete Schedule T.	
	-	Can	didate/Office	enolder/Polit	ical Comm	ıttee		Contribution f		officeholder livir	ig expense	
								COHUIDUUOHI	ıUí	II FAC		
_	Complete ONLY if direct	Condi	date/Officeho	dor name		Office sou	abt			Office h	old	
	expenditure to benefit C/O		uate/OIIICEIIO	uci iidiiie		ATTICE SOU	yııl			Office I	ıcıu	
l												