#### 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** 01/13/2025 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** 10/27/2024 12/31/2024 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 Democratic	Allies		00087476	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Desiree Veneable State	Representativ	re
(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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M 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)	\$	932.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,282.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,275.47
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		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	ampaign Treasur	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 3 of 14

12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Coalition of Democratic	Allies			00087476
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Holly Taylor Esq. Court of Crimin	nal Appeals, Presiding Judge
	(Attach lists on plain paper to complete this report if 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.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Ms. Theresa Boisseau US Hous	e District 10
	(Attach lists on plain paper to complete this report if 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.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Ms. Tanya LLoyd US House Dis	trict 27
	(Attach lists on plain paper to complete this report if 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.)			

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 4 of 14

(					<b>13</b> Filer ID (Ethics Commission Filers)
Coalition of Democratic Allies					00087476
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Officer August Meduna Constab	lle of Bastrop County Precinct 2
p	Attach lists on plain paper to complete this eport if 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.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Joseph Thompson Commissione Precinct 1	ers Court
p	Attach lists on plain paper to complete this report if 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.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Mrs. Maggie Ellis Court Of Crimi	inal Appeals, Judge
p	Attach lists on plain paper to complete this report if 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.)			

### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

				5 of 14
17 COMMITT	EE NAME	18 Filer ID	(Ethics Com	mission Filers)
	of Democratic Allies	00087476	•	-
19 SCHEDUL	E SUBTOTALS		T	
NAME OF	SCHEDULE		SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	932.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	\$			
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.	9. SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	3,282.92
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	\$	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains hov	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 6/14	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Democratic Allies	_		L	00087476	
4	Date 10/29/2024	<ul><li>5 Full name of contributor Boerner, Brendan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
		Bastrop, TX 78602					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u>.                                    </u>		
	Owner/Cons	ultant		Karahorum Ventures Inc	С		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	11/29/2024	Boerner, Brendan				(+)	\$25.00
		Contributor address; City; S	tate; Zip Code				,
		Bastrop, TX 78602					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>.                                    </u>		
	Owner/Cons	ultant		Karahorum Ventures Inc			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	12/29/2024 Boerner, Brendan					\$25.00	
		Contributor address; City; S	ate; Zip Code				
		Bastrop, TX 78602					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Owner/Cons	ultant		Karahorum Ventures Inc	С		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	12/15/2024	Boisseau, Theresa Contributor address; City; S	tate; Zip Code		•		\$25.00
		Austin, TX 78759	+				
	Principal occu realtor	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/14/2024	Cinque, Sue (Mrs.)					\$64.00
		Contributor address; City; S	ate; Zip Code				
		Elgin, TX 78621					
	Principal occu retired	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 7/14	
2	FILER NAME Coalition of I	Democratic Allies		3	Filer ID (Ethics Commission 00087476	n Filers)
4	Date 10/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ DeMates, Lauren  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Deignainal agai	Smithville, TX 78957	O Franksian (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Landau, Yoni Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$480.00
	Principal occu	Chicago, IL 60612 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CEO/Founde		Movement Labs	)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Logan, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.00
		Bastrop, TX 78602				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:_Logan, Laura  Contributor address; City; State; Zip Code  Bastrop, TX 78602			Amount of Contribution (\$)	\$8.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Meyer, Cynthia (Ms.)  Contributor address; City; State; Zip Code  Bastrop, TX 78602			Amount of Contribution (\$)	\$8.00
	Principal occu Yoga instruc	pation / Job title (See Instructions) ctor	Employer (See Instructions self	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 8/14	
2	FILER NAME Coalition of I	Democratic Allies		3	Filer ID (Ethics Commission 00087476	r Filers)
4	Date 12/07/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Meyer, Cynthia (Ms.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$8.00
8	Drincinal occu	Bastrop, TX 78602 pation / Job title (See Instructions)	9 Employer (See Instructions	_		
0	Yoga instruc		self	,		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_Miller, Allen  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Elgin, TX 78621	Employer (See Instructions			
	finance	pation / Job title (See Instructions)	Travis County	)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_ Nixon, Angela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Baxtrop, TX 78602				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/18/2024	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	)		
	Date 12/18/2024	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	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 9/14	
2	FILER NAME Coalition of [	Democratic Allies		3	Filer ID (Ethics Commission 00087476	Filers)
4	Date 11/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
		Bastrop, TX 78602				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: TODD, RUTH  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing age	Bastrop, TX 78602	Employer (Coo Instructions			
	retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#: TODD, RUTH Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Bastrop, TX 78602				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.00
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions Texas	)		
	Date 11/30/2024	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	)		
		<u> </u>				

# 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 Comn

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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  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: 10/14	Coalition of Democratic Allies 00087476
4 Date	5 Payee name
12/31/2024	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	366 Summer st
Expenditure from	
corporate funds	Somerville, MA 02144
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
	fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/31/2024	Bastrop County Emergency Food Pantry
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	806 Fayette
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	donation Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Donation to Food Pantry
	Bonation to rood rantity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/25/2024	Bearded Baking Bastrop Tx C
Amount (\$)	Payee address; City; State; Zip Code
\$812.50	1006 Main Street
\$612.50	1000 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
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Food for Event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/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
Condit Condit Condit Reviews 1

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 11/14	Coalition of Democratic Allies 00087476
4 Date	5 Payee name
11/04/2024	Collective Campaigns
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$944.89	11124 Desert Willow Loop
- "	
Expenditure from corporate funds	Austin, TX 78748
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expenses.
	Check if Austin, TX, officeholder living expense  Canvasser
	Cultyassel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	
Date	Payee name
11/04/2024	Collective Campaigns
Amount (\$)	Payee address; City; State; Zip Code
\$784.70	11124 Desert Willow Loop
Expenditure from	
corporate funds	Austin, TX 78748
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Canvasser
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
12/13/2024	Costco
Amount (\$)	Payee address; City; State; Zip Code
\$33.51	10401 Research Blvd.
— Forestelliture from	
Expenditure from corporate funds	Austin, TX 78759
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
	Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belieff 0/01	•

# 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: 3/5 Rpt: 12/14	Coalition of Democratic Allies	00087476
4 Date	5 Payee name	<u>'</u>
11/21/2024	H.E.B.	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$13.25	104 Hasler Blvd	
Expenditure from corporate funds	Bastrop, TX 78602	
8 PURPOSE	·	b) Description
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Food for event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
SAPORGICATO TO BOHORE O/OI		
Date	Payee name	
10/31/2024	NGP Van	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$16.47	48 Grove St suite 202	
Evnanditura from		
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Calls	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORL		Check if Austin, TX, officeholder living expense
		Robo Calls
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	•	mt Office field
Date	Payee name	
11/04/2024	NGP Van	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$5.71	48 Grove St suite 202	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	calls	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Robo calls
		. 15.55 Gaille
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		

### 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 Travel in District

Candidate/Officeholder/Politica		ed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
Sch: 4/5 Rpt: 13/14	Coalition of Democratic Allies 00087476	
4 Date	5 Payee name	
11/04/2024	NGP Van	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$20.32		
Ψ20.02	40 Clove of Suite 202	
Expenditure from	Companyilla MAA 00144	
corporate funds	Somerville, MA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
EXPENDITURE	Calls Check if travel outside of Texas. Complete Schedule T	-
	robo calls	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
11/29/2024	Payee name	
	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	
\$65.45	354 Oyster Point Blvd	
Expenditure from		
corporate funds	South San Francisco, CA 94080	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T	<u>.</u>
	Check if Austin, TX, officeholder living expense  Reimbursement	
	Rembursement	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
12/31/2024	Stripe	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.12	354 Oyster Point Blvd	
Expenditure from		
corporate funds	South San Francisco, CA 94080	
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	
	fee	
Complete CAU V & disc-+	Condidate/Officeholder name Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 14/14	Coalition of Democratic Allies 00087476
4 Date	5 Payee name
11/29/2024	USPS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$56.00	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	stamps Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  mailing
	- Thailing
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held