

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Coalition of Democratic Allies	13 Filer ID (Ethics Commission Filers) 00087476
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,258.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,275.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mary Stiteler

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Coalition of Democratic Allies		18 Filer ID (Ethics Commission Filers) 00087476
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,159.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 99.94
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,561.85
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 04/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Johnna	7 Amount of Contribution (\$) \$80.00
6 Contributor address; City; State; Zip Code Bastrop, TX 78602		
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbuckle, Susan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baych, Vickie	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Bill	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code unknown, TX 78602		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boerner, Brendan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Owner/Consultant		Employer (See Instructions) Karahorum Ventures Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boerner, Brendan	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Bastrop, TX 78602		
8 Principal occupation / Job title (See Instructions) Owner/Consultant		9 Employer (See Instructions) Karahorum Ventures Inc
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boerner, Brendan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Owner/Consultant		Employer (See Instructions) Karahorum Ventures Inc
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boerner, Brendan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Owner/Consultant		Employer (See Instructions) Karahorum Ventures Inc
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boerner, Brendan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Owner/Consultant		Employer (See Instructions) Karahorum Ventures Inc
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boerner, Brendan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bastrop, TX 78602		
Principal occupation / Job title (See Instructions) Owner/Consultant		Employer (See Instructions) Karahorum Ventures Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogart, Barbara <hr/> 6 Contributor address; City; State; Zip Code Elgin, TX 78621	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions)
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle, Traci <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipman, Ashley <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$64.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 04/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) N/A
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormie, Julie (Mrs.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinuzzo, Elise <hr/> Contributor address; City; State; Zip Code Spring, TX 77381	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosnay, Lane <hr/> 6 Contributor address; City; State; Zip Code West Point , TX 78963	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, Annie <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gueguen, Raoul <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unkown		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hackleman, Zetta <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoch, Brittany <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions) unknown

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 05/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Karen <hr/> 6 Contributor address; City; State; Zip Code bastrop, TX 78602	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Karen <hr/> Contributor address; City; State; Zip Code bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landau, Yoni <hr/> Contributor address; City; State; Zip Code Chicago, IL 60612	Amount of Contribution (\$) \$170.00
Principal occupation / Job title (See Instructions) CEO/Founder		Employer (See Instructions) Movement Labs
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehrman, Jim <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Laura (Ms.)	7 Amount of Contribution (\$) \$8.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Laura (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Laura (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Laura (Ms.)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maciques, Claire	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Dawn	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code College Station, TX 77845	
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Theresa (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Cynthia (Miss)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Cynthia (Miss)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions)
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Cynthia (Miss)	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 04/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Encarnacion	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quillin, Elizabeth	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Bay City, TX 77414	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoonover, Carla	Amount of Contribution (\$) \$340.00
	Contributor address; City; State; Zip Code Palo Pinto, TX 76484	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) 134 PAC
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiteler, Mary <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 06/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Evelyn (Mrs.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$128.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Morris (Mr.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Morris (Mr.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/23
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Texas
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Texas

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 17/23	
2 FILER NAME Coalition of Democratic Allies		3 Filer ID (Ethics Commission Filers) 00087476	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/04/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH	8 Amount of contribution (\$) \$26.50	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH	Amount of contribution (\$) \$39.96	In-kind contribution description
	Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD, RUTH	Amount of contribution (\$) \$33.48	In-kind contribution description
	Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/6 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 06/25/2025	5 Payee name Act Blue	
6 Amount (\$) 36.77 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 366 Summer st Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees
Date 05/19/2025	Payee name Amazon	
Amount (\$) 114.72 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Supplies
Date 05/27/2025	Payee name Amazon	
Amount (\$) 41.97 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Supplies for Pride Event
Date 05/27/2025	Payee name Amazon	
Amount (\$) 1,221.34 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Water Bottles

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/6 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 06/04/2025	5 Payee name Bastrop Copier	
6 Amount (\$) 13.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1002 main St Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) printing poster
Date 02/21/2025	Payee name Bastrop Post Office	
Amount (\$) 56.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1106 Main St Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Stamps
Date 04/28/2025	Payee name Bastrop Post Office	
Amount (\$) 112.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1106 Main St Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) stamps
Date 06/11/2025	Payee name Costco	
Amount (\$) 103.97 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4301 William Cannon Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Summit Event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/6 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 05/16/2025	5 Payee name Discount Mugs	
6 Amount (\$) 161.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 6905 NW 25th Street Miami, FL 33122	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) bags
Date 02/05/2025	Payee name Dollar General	
Amount (\$) 15.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 707 Old Austin Hwy. Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) For Meeting
Date 04/29/2025	Payee name Dollar Tree	
Amount (\$) 23.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 439 Hwy 71 W Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) supplies
Date 04/04/2025	Payee name Etsy HQRExpress	
Amount (\$) 270.52 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 117 Adams Street Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) T-shirts

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/6 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 05/16/2025	5 Payee name Etsy HQRExpress	
6 Amount (\$) 18.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 117 Adams Street Brooklyn, NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) stickers
Date 05/16/2025	Payee name Etsy HQRExpress	
Amount (\$) 69.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 117 Adams Street Brooklyn, NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Decals
Date 06/06/2025	Payee name GoDaddy	
Amount (\$) 22.16 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2155 East GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Domain name
Date 06/25/2025	Payee name Paypal	
Amount (\$) 98.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 N. 1st. Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/6 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 06/11/2025	5 Payee name Restaurant Depot	
6 Amount (\$) 185.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 820 Blackson Ave Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) For Summit Event
Date 05/19/2025	Payee name Signs on the Cheap	
Amount (\$) 217.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 11525-B Stonehollow Dr Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) signs
Date 06/30/2025	Payee name Stripe	
Amount (\$) 118.55 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 354 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees
Date 01/06/2025	Payee name TX Democratic Party	
Amount (\$) 557.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 314 Highland Blvd. Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Access to Voter rolls

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/6 Rpt:	2 FILER NAME Coalition of Democratic Allies	3 Filer ID (Ethics Commission Filers) 00087476
4 Date 03/13/2025	5 Payee name Vista Print	
6 Amount (\$) 104.15 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 6706 Lohman Ford Rd Lago Vista, TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Postcards