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) 00086923 3 COMMITTEE NAME **OFFICE USE ONLY** Coalition for Working Families PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 4455 Date Hand-delivered or Date Postmarked Change of Address Pasadena, TX 77502 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jacob NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4412 Merle Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78745 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 4455 MAILING **ADDRESS** Pasadena, TX 77502 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 791-5490 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAM | ME 13 File | er ID (Ethics Commission Filers) |
|---|--|----------------------------------|
| Coalition for Wo | rking Families PAC 000 | 086923 |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) A. Supported | |
| (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.) B. Opposed | |
| | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| 15 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 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) | \$ 1,665,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,650.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,680,958.83 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 16 AFFIDAVIT | | <u>'</u> |
| | I swear, or affirm, under penalty of perjury, the true and correct and includes all information under Title 15, Election Code. | |
| | Mr. Jacob Sm | nith |
| | Signature of Campaign | Treasurer |
| AFFIX N | IOTARY STAMP / SEAL ABOVE | |
| | oscribed before me, by the said, this the | day |
| of | , 20, to certify which, witness my hand and seal of office. | |
| Signature of o | fficer administering oath Printed name of officer administering oath Titl | e of officer administering oath |
| | | |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | 3 of 11 |
|---|-----------------------------|----------------------------|
| 17 COMMITTEE NAME Coalition for Working Families PAC | 18 Filer ID 00086923 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 1,665,000.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | S | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OF ORGANIZATION | R LABOR | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CO LABOR ORGANIZATION | PRPORATION OR | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABO | OR ORGANIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR ORGANIZATION | LABOR | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR L | ABOR ORGANIZATION | \$ |
| 9. SCHEDULE E: LOANS | | \$ |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIB | BUTIONS | \$ 2,650.00 |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTI | RIBUTIONS | \$ |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTI | RIBUTIONS | \$ |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO TO FILER | TIONS RETURNED | \$ |
| | | |
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| | | |
| | | |
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| | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE A1 |
|---|---|--|------------------------------|--|--|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/11 |
| 2 | 2 FILER NAME Coalition for Working Families PAC | | 3 | Filer ID (Ethics Commission Filers) 00086923 | |
| 4 | Date 06/03/2025 | Full name of contributor | | 7 | Amount of Contribution (\$) \$500,000.00 |
| _ | Dringing! aggr | Houston, TX 77002 | • Employer (Coo Instructions | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| | Date 05/21/2025 | Full name of contributor out-of-state PAC (ID#: Abraham, Watkins, Nichols, Agosto, Aziz & Stog Contributor address; City; State; Zip Code Houston, TX 77002 | | | Amount of Contribution (\$) \$500,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Date 05/16/2025 | Full name of contributor out-of-state PAC (ID#:_Armstrong Lee & Baker LLP Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) \$100,000.00 |
| | Principal occu | Houston, TX 77092 pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Date 05/20/2025 | Full name of contributor out-of-state PAC (ID#:_ Coalition for Provider Reimbursment Contributor address; City; State; Zip Code Westlake, LA 70669 |) | | Amount of Contribution (\$) \$50,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Date 05/16/2025 | Full name of contributor out-of-state PAC (ID#:_ Daly & Black PC Contributor address; City; State; Zip Code Houston , TX 77098 | | | Amount of Contribution (\$) \$100,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | | - | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE A1 |
|---|----------------------------|---|------------------------------------|-------------|---|
| | The Instru | ction Guide explains how to complete this fo | rm. | | al pages Schedule A1: n: 2/3 Rpt: 5/11 |
| 2 | FILER NAME Coalition for | Working Families PAC | | | r ID (Ethics Commission Filers) 086923 |
| 4 | Date 05/20/2025 | Full name of contributor out-of-state PAC (ID#: |) | 7 Am | ount of Contribution (\$) \$10,000.00 |
| _ | Deignaignal | Houston, TX 77056 |) Familia (Coo Instructions | ` | |
| 8 | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#: Fogelman & Con Flatem Law Firm Contributor address; City; State; Zip Code Austin , TX 78746 | | Amo | ount of Contribution (\$) \$20,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Date 05/19/2025 | Full name of contributor out-of-state PAC (ID#: Freem Financial Services Contributor address; City; State; Zip Code Houston, TX 77056 |) | Amo | ount of Contribution (\$) \$100,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Date 05/28/2025 | Full name of contributor out-of-state PAC (ID#:Lassiter III, Jamse (Mr.) Contributor address; City; State; Zip Code Houston, TX 77098 | | Amo | ount of Contribution (\$) \$100,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions Self |) | |
| | Date 05/20/2025 | Full name of contributor out-of-state PAC (ID#: Orihue Law Firm Contributor address; City; State; Zip Code Webster, TX 77598 | | Amo | ount of Contribution (\$) \$10,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | 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 for | Working Families PAC | | 3 | Filer ID (Ethics Commission Filers) 00086923 |
| 4 | Date 06/30/2025 | Full name of contributor | | 7 | Amount of Contribution (\$) \$50,000.00 |
| | | Austin , TX 78701 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | |
| | Date 05/23/2025 | Full name of contributor out-of-state PAC (ID#: The Soileu Law Firm Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$25,000.00 |
| | | Pasadena, TX 77505 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Date 05/15/2025 | Full name of contributor out-of-state PAC (ID#:_Zehl & Associates, P.C. Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$100,000.00 |
| | Principal occu | Houston, TX 77056 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> S) | |
| | | | | | |

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 | mplete this form. | |
|----------------------------------|--|--|----|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers | 5) |
| Sch: 1/5 Rpt: 7/11 | Coalition for Working Families PAC | 00086923 | |
| 4 Date | 5 Payee name | ' | |
| 06/30/2025 | Frost Bank | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | |
| \$5.00 | P.O. Box 34746 | | |
| | | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | | |
| 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. | |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense | |
| | | Wire transfer fee | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held | |
| expenditure to benefit C/O | | gnt Office field | |
| | | | |
| Date | Payee name | | |
| 06/03/2025 | Frost Bank | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | |
| \$5.00 | P.O. Box 34746 | | |
| Expenditure from | | | |
| corporate funds | San Antonio , TX 78265 | | |
| 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 | |
| | | Wire transfer fee | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held | |
| expenditure to benefit C/O | | - | |
| Date | Payee name | | |
| 05/28/2025 | Frost Bank | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | |
| \$5.00 | P.O. Box 34746 | uc | |
| Ψ0.00 | 1.6. 56. 611 16 | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | | |
| | () - | (h) p | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | F663 | Check if Austin, TX, officeholder living expense | |
| | | Wire transfer fee | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held | |
| expenditure to benefit C/OI | | | |
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| <u> </u> | | | |

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

imbursement Solicitation/Fundraising Expense
ntal 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 | nplete this form. | | |
|--|--|-------------------|---|------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission | on Filers) |
| Sch: 2/5 Rpt: 8/11 | Coalition for Working Families PAC | | 00086923 | |
| 4 Date | 5 Payee name | | | |
| 05/21/2025 | Frost Bank | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | | |
| \$5.00 | P.O. Box 34746 | | | |
| | | | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | | | |
| 8 PURPOSE | (1) | (b) Description | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Fees | _ | el outside of Texas. Complete Schedule T. | |
| EXPENDITURE | | Check if Aust | tin, TX, officeholder living expense | |
| | | Wire transfe | er fee | |
| | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soul | jht | Office held | |
| experientare to benefit e/of | <u>'</u> | | | |
| Date | Payee name | | | |
| 06/30/2025 | Frost Bank | | | |
| Amount (\$) | Payee address; City; State; Zip Co | le | | |
| \$15.00 | P.O. Box 34746 | | | |
| | | | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Fees | — | el outside of Texas. Complete Schedule T. | |
| EXI ENDITORE | | | tin, TX, officeholder living expense | |
| | | Wire transfe | er iee | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | .ht | Office held | |
| expenditure to benefit C/O | | Jiit | Office field | |
| | | | | |
| Date | Payee name | | | |
| 05/23/2025 | Frost Bank | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | |
| \$15.00 | P.O. Box 34746 | | | |
| Expenditure from | | | | |
| corporate funds | San Antonio , TX 78265 | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| EXPENDITURE | Fees | <u> </u> | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | |
| | | Wire transfe | | |
| | | 3 33 33 30 30 | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ıht | Office held | |
| expenditure to benefit C/O | | • | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

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 | The Instruction Guide explains how to cor | ages/Contract Lar nplete this for: | , | |
|--|--|---------------------------------------|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | - | 3 Filer ID (Ethics Commission Filers |) |
| Sch: 3/5 Rpt: 9/11 | Coalition for Working Families PAC | | 00086923 | |
| 4 Date | 5 Payee name | | • | |
| 05/20/2025 | Frost Bank | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | le | | _ |
| \$15.00 | P.O. Box 34746 | | | |
| — Foresedit ve from | | | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | on | |
| OF EXPENDITURE | Fees | | f travel outside of Texas. Complete Schedule T. | |
| | | Wire trai | f Austin, TX, officeholder living expense | |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sout | ıht | Office held | _ |
| expenditure to benefit C/OI | | | | |
| Date | Payee name | | | _ |
| 05/20/2025 | Frost Bank | | | |
| Amount (\$) | Payee address; City; State; Zip Coo | le | | |
| \$15.00 | P.O. Box 34746 | | | |
| , | | | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| EXPENDITURE | Fees | | f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense | |
| | | Wire trai | | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ıht | Office held | _ |
| expenditure to benefit C/OI | - | | | |
| Date | Payee name | | | |
| 05/19/2025 | Frost Bank | | | |
| Amount (\$) | Payee address; City; State; Zip Coo | le | | _ |
| \$15.00 | P.O. Box 34746 | | | |
| | | | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | on | |
| OF EXPENDITURE | Fees | | f travel outside of Texas. Complete Schedule T. | |
| | | ∭ ^{Check it} Wire trai | f Austin, TX, officeholder living expense | |
| | | vviie lidi | ISICI ICC | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ıht | Office held | |
| expenditure to benefit C/OI | | , . | 500 No. | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

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

| Candidate/Officeholder/Politica | The Instruction Guide explains how to con | ages/Contract Labor OTHER (enter a category not listed above) nplete this form. |
|----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/5 Rpt: 10/11 | Coalition for Working Families PAC | 00086923 |
| 4 Date | 5 Payee name | <u> </u> |
| 05/16/2025 | Frost Bank | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | de |
| \$15.00 | P.O. Box 34746 | |
| - Funanditura from | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | |
| 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 Wire transfer fee |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office south | aht Office held |
| expenditure to benefit C/O | | , |
| Date | Payee name | |
| 05/16/2025 | Frost Bank | |
| Amount (\$) | Payee address; City; State; Zip Coo | de |
| \$15.00 | P.O. Box 34746 | |
| ¥-2 | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | |
| 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 |
| | | Wire transfer fee |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office soug | yht Office held |
| expenditure to benefit C/O | Н | |
| Date | Payee name | |
| 05/15/2025 | Frost Bank | |
| Amount (\$) | Payee address; City; State; Zip Coo | de |
| \$15.00 | P.O. Box 34746 | |
| | | |
| Expenditure from corporate funds | San Antonio , TX 78265 | |
| 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 Wire transfer fee |
| | | vvii C ii aliolei lee |
| Complete ONLY if direct | Candidate/Officeholder name Office soug | aht Office held |
| expenditure to benefit C/O | | - Chied Hold |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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: 5/5 Rpt: 11/11 | Coalition for Working Families PAC 00086923 |
| 4 Date | 5 Payee name |
| 02/28/2025 | Frost Bank |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5.00 | P.O. Box 34746 |
| Expenditure from | |
| corporate funds | San Antonio , TX 78265 |
| 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 |
| | Service fee |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 01/31/2025 | Frost Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$5.00 | P.O. Box 34746 |
| | |
| Expenditure from corporate funds | San Antonio , TX 78265 |
| 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 Service fee |
| | Service lee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payeo namo |
| 03/26/2025 | Payee name Latino Labor Leadership Council |
| | · |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,500.00 | 4900 Fournace PI. |
| Expenditure from corporate funds | Bellaire, TX 77401 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Donation |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |