

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

The Democratic Coalition

ADDRESS (number and street) PO Box 80294

Check if different than previously reported. (ACC) Washington DC 20018

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00612846

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2)            | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4)            | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2021 through 02 / 28 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McGrady, Sonya, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer McGrady, Sonya, , , [Electronically Filed] Date 02 / 19 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**The Democratic Coalition**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		23117.39
(b) Cash on Hand at Beginning of Reporting Period.....	23117.39	
(c) Total Receipts (from Line 19) .....	45391.22	45391.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68508.61	68508.61
7. Total Disbursements (from Line 31).....	25460.61	25460.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43048.00	43048.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5060.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**The Democratic Coalition**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1750.00	1750.00
(ii) Unitemized .....	43641.22	43641.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45391.22	45391.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45391.22	45391.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	45391.22	45391.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45391.22	45391.22

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	25430.61	25430.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25430.61	25430.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	30.00	30.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	30.00	30.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25460.61	25460.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25460.61	25460.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45391.22	45391.22
34. Total Contribution Refunds (from Line 28(d)) .....	30.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45361.22	45361.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25430.61	25430.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25430.61	25430.61

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. Gumbrell, Anthony, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2024 NW 59th St  
Apt 3

City Seattle State WA Zip Code 98107-3167

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) none Occupation (for Individual) retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2021

**Transaction ID : VTE5QYKJDQ6**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

**B. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15391.22

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2021

**Transaction ID : VTE5QYKJDQ6E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C. Pell, Dave, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Cloud View Rd

City Sausalito State CA Zip Code 94965-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pell Development Occupation (for Individual) real estate

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2021

**Transaction ID : VTE5QYKJ6R8**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. ActBlue**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15391.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2021

**Transaction ID : VTE5QYKJ6R8E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Singer, Michael, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16302 NW 90th St

City Alachua	State FL	Zip Code 32615-5070
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Shanti Publications Inc.	Occupation (for Individual) Business Owner
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2021

**Transaction ID : VTE5QYKJV96**

Amount of Each Receipt this Period  
1000.00

Memo Item

\* Earmarked Contribution: See Below

**C. ActBlue**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
15391.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2021

**Transaction ID : VTE5QYKJV96E**

Amount of Each Receipt this Period  
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. Somerhalder, Rebecca, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3498 Nancy Creek Rd NW

City Atlanta	State GA	Zip Code 30327-2404
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 14 / 2021

**Transaction ID : VTE5QYKJDK4**

Amount of Each Receipt this Period  
250.00

Memo Item

\* Earmarked Contribution: See Below

**B. ActBlue**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15391.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 14 / 2021

**Transaction ID : VTE5QYKJDK4E**

Amount of Each Receipt this Period  
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	1750.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. 1833 Group**

Full Name (Last, First, Middle Initial)

Mailing Address 24W500 Maple Ave  
Ste 212

City Naperville State IL Zip Code 60540-6057

Purpose of Disbursement  
Consultant - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 29 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAERJH

Amount of Each Disbursement this Period: 4000.00

Memo Item

**B. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 31 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAEQ7

Amount of Each Disbursement this Period: 132.61

Memo Item

**C. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 07 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAESB

Amount of Each Disbursement this Period: 57.68

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4190.29

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

Full Name (Last, First, Middle Initial)

### A. ActBlue Technical Services

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	1

FEC Identification Number

**C** [ ]  
**Transaction ID : VTD6FAESB2**  
 Amount of Each Disbursement this Period  
 [ ] 271.58

Memo Item

Full Name (Last, First, Middle Initial)

### B. ActBlue Technical Services

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	1

FEC Identification Number

**C** [ ]  
**Transaction ID : VTD6FAESB2**  
 Amount of Each Disbursement this Period  
 [ ] 62.45

Memo Item

Full Name (Last, First, Middle Initial)

### C. ActBlue Technical Services

Mailing Address PO Box 382110

City  
Cambridge

State  
MA

Zip Code  
02238-2110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	1

FEC Identification Number

**C** [ ]  
**Transaction ID : VTD6FAESB2**  
 Amount of Each Disbursement this Period  
 [ ] 86.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ]	420.16
[ ]	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. Bulldog Finance Group**

Full Name (Last, First, Middle Initial)

Mailing Address 1250 Connecticut Ave NW

City Washington State DC Zip Code 20036-2655

Purpose of Disbursement Consultant - Research

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAES96

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Bulldog Finance Group**

Full Name (Last, First, Middle Initial)

Mailing Address 1250 Connecticut Ave NW

City Washington State DC Zip Code 20036-2655

Purpose of Disbursement Consultant - Research

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAES9B

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Grassroots Analytics**

Full Name (Last, First, Middle Initial)

Mailing Address 777 6th St NW

City Washington State DC Zip Code 20001-3723

Purpose of Disbursement Fundraising Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAES9I

Amount of Each Disbursement this Period: 1093.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11093.58

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. Grassroots Analytics**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 6th St NW

City Washington State DC Zip Code 20001-3723

Purpose of Disbursement Fundraising Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAES9A

Amount of Each Disbursement this Period: 468.12

Memo Item

**B. McGrady, Sonya, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 1707 N Charles St

City Baltimore State MD Zip Code 21201-5829

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAES9C

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Next Level Digital**

Full Name (Last, First, Middle Initial)  
Mailing Address 1004 9th St NE

City Washington State DC Zip Code 20002-3716

Purpose of Disbursement Consultant - Digital

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 03 / 2021

FEC Identification Number: C

Transaction ID : VTD6FAES9I

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7968.12

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Democratic Coalition**

**A. Next Level Digital**

Full Name (Last, First, Middle Initial)

Mailing Address 1004 9th St NE

City Washington State DC Zip Code 20002-3716

Purpose of Disbursement Consultant - Digital

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 04 / 2021

FEC Identification Number C

**Transaction ID : VTD6FAES98**

Amount of Each Disbursement this Period 153.35

Memo Item

**B. Thorne, Edward, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 320 S Kingsley Dr

City Los Angeles State CA Zip Code 90020-3410

Purpose of Disbursement Editing Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 01 / 2021

FEC Identification Number C

**Transaction ID : VTD6FAES9D**

Amount of Each Disbursement this Period 1566.95

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1720.30
<b>TOTAL</b> This Period (last page this line number only).....▶	25392.45

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **The Democratic Coalition** Transaction ID : VTE5QM2EHY1L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Lerner, Miriam, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1415 Converse Bay Rd			
City Charlotte	State VT	ZIP Code 05445-9430	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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**TERMS**

Date Incurred MM / DD / YYYY 05 / 10 / 2016	Date Due MM / DD / YYYY 12 / 31 / 2020	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **The Democratic Coalition** Transaction ID : VTE5QHS1YN4L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Lerner, Nathan, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1207 Willow Ave Apt 16			
City Hoboken	State NJ	ZIP Code 07030-3347	

Original Amount of Loan <input type="text" value="60.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="60.00"/>
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**TERMS**

Date Incurred <input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2016"/>	Date Due <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="5060.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.