



Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

## Campaign Finance Report

**FileNo:** 2017272  
**Received By Clerk:** 7/17/2017  
**File Date:** July 17, 2017  
**Office:** Justice Of The Peace Pct. 3, Place 2  
**Candidate:** Coffey, Don  
**Treasurer:** Coffey, Jenice  
**Category:** Contributions And Expenditures  
**Delivered By:** Personal Appearance  
**Type:** COR



*Stan Stanart*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00000001

**2 PAGE #**  
1 of 7

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

 MS / MRS / MR FIRST MI  
 Mr. Don  
 NICKNAME LAST SUFFIX  
 Coffey
**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

 P.O. Box 37  
 Baytown, TX 77522

☐ Change of Address

**5 CAMPAIGN  
TREASURER  
NAME**

 MS / MRS / MR FIRST MI  
 Mrs. Jenice  
 NICKNAME LAST SUFFIX  
 Coffey

**6 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

 P. O. Box 37  
 Baytown, TX 77522

**7 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION

(281) 798-5343

**8 REPORT TYPE**
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☒ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)
**9 PERIOD COVERED**

Month Day Year Month Day Year

01/01/2017

THROUGH

06/30/2017

**10 ELECTION**
 ELECTION DATE  
 Month Day Year  
 03/06/2018

ELECTION TYPE

☒ Primary ☐ Runoff ☐ General ☐ Special
**11 OFFICE**

OFFICE HELD (if any)

Harris Co. JP 3-2

**12 OFFICE SOUGHT (if known)****GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****13 C/OH NAME** Coffey, Don (Mr.)**14 ACCOUNT #** (Ethics Commission filers)  
00000001**15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

200.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

7,214.56

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

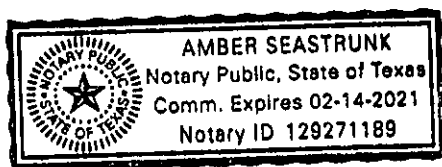
\$

57,694.71

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

**17 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.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don Coffey, this the 17 day  
of July, 2017, to certify which, witness my hand and seal of office.  
Signature of officer administering oathAmber Seastrunk  
Print name of officer administering oathNotary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/7	
2 FILER NAME Coffey, Don (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tice, Mark (Mr.)  6 Contributor address; City; State; Zip Code 6111 Cajun Way Baytown, TX 77520-8406	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel in District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

<b>1 PAGE #</b> Schedule 1/4 Report: 4/7		<b>2 FILER NAME</b> Coffey, Don (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 03/17/2017	<b>5 Payee name</b> Baytown Chamber of Commerce				
<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address</b> City; State; Zip Code 1300 Rollingbrook Suite 400 Baytown, TX 77521				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ad		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/17/2017	<b>Payee name</b> Baytown Hispanic Chamber				
<b>Amount (\$)</b> \$150.00	<b>Payee address</b> City; State; Zip Code 1300 Rollingbrook 502 Baytown, TX 77521				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership dues		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/17/2017	<b>Payee name</b> Baytown Youth Fair				
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code P. O. Box 62 Baytown, TX 77522				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> banner		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 04/20/2017	<b>Payee name</b> Channelette Booster Club				
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 1100 Sheldon Rd Channelview, TX 77530				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> hole sponsor		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/4 Report: 5/7		<b>2 FILER NAME</b> Coffey, Don (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 03/17/2017	<b>5 Payee name</b> Crosby Education Foundation				
<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City: State: Zip Code 706 Runneberg Crosby, TX 77532				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> hole sponsor		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 04/13/2017	<b>Payee name</b> J. A. Davis				
<b>Amount (\$)</b> \$1,132.56	<b>Payee address</b> City: State: Zip Code 1213 Ashland Blvd. Channelview, TX 77530				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> embroidery		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/17/2017	<b>Payee name</b> Joe Stephens Campaign				
<b>Amount (\$)</b> \$125.00	<b>Payee address</b> City: State: Zip Code 500 Normandy Rd Houston, TX 77015				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> hole sponsor		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 04/13/2017	<b>Payee name</b> Joe Stephens Campaign				
<b>Amount (\$)</b> \$250.00	<b>Payee address</b> City: State: Zip Code 500 Normandy Rd Houston, TX 77015				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> sponsorship		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/4 Report: 6/7		<b>2 FILER NAME</b> Coffey, Don (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 01/01/2017		<b>5 Payee name</b> Johnston Campaigns			
<b>6 Amount (\$)</b> \$4,262.00		<b>7 Payee address</b> City: State; Zip Code 1415 South Voss Houston, TX 77057			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing and mail	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 02/03/2017		<b>Payee name</b> North Channel Chamber of Commerce			
<b>Amount (\$)</b> \$95.00		<b>Payee address</b> City: State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ad	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 03/17/2017		<b>Payee name</b> North Channel Chamber of Commerce			
<b>Amount (\$)</b> \$100.00		<b>Payee address</b> City: State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> honors luncheon sponsorship	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 03/17/2017		<b>Payee name</b> North Channel Chamber of Commerce			
<b>Amount (\$)</b> \$200.00		<b>Payee address</b> City: State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership dues	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/4 Report: 7/7

**2** FILER NAME  
Coffey, Don (Mr.)

**3** ACCOUNT # (TEC filers)  
00000001

**4** Date  
04/18/2017

**5** Payee name  
North Channel Chamber of Commerce

**6** Amount (\$)  
\$200.00

**7** Payee address City, State; Zip Code  
133011 I-10 East  
Suite 100  
Houston, TX 77015

**8** PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
Advertising Expense

(b) Description (If travel outside of Texas, complete Schedule T) ☐  
hole sponsor

**9** Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

Date  
04/01/2017

Payee name  
Northeast Ministers Alliance

Amount (\$)  
\$200.00

Payee address City, State; Zip Code  
7104 Homestead  
Houston, TX 77028

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
Event Expense

Description (If travel outside of Texas, complete Schedule T) ☐  
sponsorship

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held: