




Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

COPY

### Campaign Finance Report

		<i>Stan Stanart</i> COUNTY CLERK HARRIS COUNTY, TEXAS
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	

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

2017272

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 ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
03/06/2018

11 OFFICE

OFFICE HELD (if any)  
Harris Co. JP 3-2

12 OFFICE SOUGHT (if known)

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# 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. ...

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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
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2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	200.00
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### EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4.	TOTAL POLITICAL EXPENDITURES	\$	7,214.56
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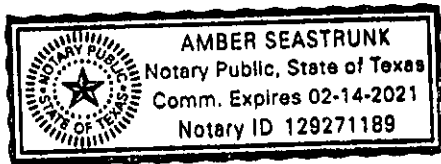
### CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	57,694.71
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### OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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### 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.

*Don Coffey*  
 \_\_\_\_\_  
 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.

*Amber Seastrunk*  
 \_\_\_\_\_  
 Signature of officer administering oath

Amber Seastrunk  
 \_\_\_\_\_  
 Print name of officer administering oath

Notary Public  
 \_\_\_\_\_  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

2017272

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)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

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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</b> PAGE # Schedule: 1/4 Report: 4/7	<b>2</b> FILER NAME Coffey, Don (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/17/2017	<b>5</b> Payee name Baytown Chamber of Commerce
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 1300 Rollingbrook Suite 400 Baytown, TX 77521
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<b>8</b> 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) <input type="checkbox"/> ad
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/17/2017	Payee name Baytown Hispanic Chamber
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Amount (\$) \$150.00	Payee address City; State; Zip Code 1300 Rollingbrook 502 Baytown, TX 77521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/17/2017	Payee name Baytown Youth Fair
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Amount (\$) \$100.00	Payee address City; State; Zip Code P. O. Box 62 Baytown, TX 77522
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> banner
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/20/2017	Payee name Channelette Booster Club
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Amount (\$) \$100.00	Payee address City; State; Zip Code 1100 Sheldon Rd Channelview, TX 77530
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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</b> PAGE # Schedule: 2/4 Report: 5/7	<b>2</b> FILER NAME Coffey, Don (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 03/17/2017	<b>5</b> Payee name Crosby Education Foundation
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 706 Runneberg Crosby, TX 77532
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> hole sponsor
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/13/2017	Payee name J. A. Davis
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Amount (\$) \$1,132.56	Payee address City; State; Zip Code 1213 Ashland Blvd. Channelview, TX 77530
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<b>8</b> PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/17/2017	Payee name Joe Stephens Campaign
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Amount (\$) \$125.00	Payee address City; State; Zip Code 500 Normandy Rd Houston, TX 77015
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<b>8</b> PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/13/2017	Payee name Joe Stephens Campaign
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Amount (\$) \$250.00	Payee address City; State; Zip Code 500 Normandy Rd Houston, TX 77015
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<b>8</b> PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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</b> PAGE # Schedule: 3/4 Report: 6/7	<b>2</b> FILER NAME Coffey, Don (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/01/2017	<b>5</b> Payee name Johnston Campaigns
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<b>6</b> Amount (\$) \$4,262.00	<b>7</b> Payee address City; State; Zip Code 1415 South Voss Houston, TX 77057
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<b>8</b> 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) <input type="checkbox"/> printing and mail
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/03/2017	Payee name North Channel Chamber of Commerce
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Amount (\$) \$95.00	Payee address City; State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015
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<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"/> ad
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/17/2017	Payee name North Channel Chamber of Commerce
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Amount (\$) \$100.00	Payee address City; State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015
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<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"/> honors luncheon sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/17/2017	Payee name North Channel Chamber of Commerce
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Amount (\$) \$200.00	Payee address City; State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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/R 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</b> PAGE # Schedule: 4/4 Report: 7/7	<b>2</b> FILER NAME Coffey, Don (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 04/18/2017	<b>5</b> Payee name North Channel Chamber of Commerce
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> hole sponsor
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/01/2017	Payee name Northeast Ministers Alliance
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Amount (\$) \$200.00	Payee address City; State; Zip Code 7104 Homestead Houston, TX 77028
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<b>9</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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