




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 | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| | NICKNAME LAST SUFFIX Coffey | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 37 Baytown, TX 77522 | | |
| 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 | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Harris Co. JP 3-2 | 12 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

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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 |
|---|----|------|

| | | |
|--|----|--------|
| 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 |
|---------------------------------|----|----------|

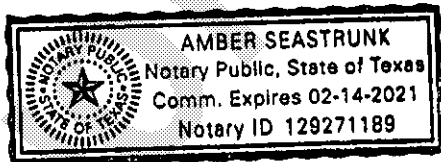
CONTRIBUTION BALANCE

| | | |
|--|----|-----------|
| 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.

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.

| | | |
|--|--|---|
| 1 PAGE # Schedule: 1/4 Report: 4/7 | 2 FILER NAME Coffey, Don (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|--|---|

| | |
|-----------------------------|--|
| 4 Date 03/17/2017 | 5 Payee name Baytown Chamber of Commerce |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$200.00 | 7 Payee address City; State; Zip Code 1300 Rollingbrook Suite 400 Baytown, TX 77521 |
|----------------------------------|---|

| | | |
|---------------------------------|---|--|
| 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) <input type="checkbox"/> ad |
|---------------------------------|---|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 03/17/2017 | Payee name Baytown Hispanic Chamber |
|--------------------|--|

| | |
|-------------------------|--|
| Amount (\$) \$150.00 | Payee address City; State; Zip Code 1300 Rollingbrook 502 Baytown, TX 77521 |
|-------------------------|--|

| | | |
|------------------------|--|---|
| 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: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|----------------------------------|
| Date 03/17/2017 | Payee name Baytown Youth Fair |
|--------------------|----------------------------------|

| | |
|-------------------------|--|
| 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: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|--|
| Date 04/20/2017 | Payee name Channelette Booster Club |
|--------------------|--|

| | |
|-------------------------|---|
| 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: |
|---|-------------------------------|----------------|--------------|

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: 2/4 Report: 5/7 | 2 FILER NAME Coffey, Don (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|--|---|

| | |
|-----------------------------|--|
| 4 Date 03/17/2017 | 5 Payee name Crosby Education Foundation |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$100.00 | 7 Payee address City; State; Zip Code 706 Runneberg Crosby, TX 77532 |
|----------------------------------|---|

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| 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) <input type="checkbox"/> hole sponsor |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|---------------------------|
| Date 04/13/2017 | Payee name J. A. Davis |
|--------------------|---------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,132.56 | Payee address City; State; Zip Code 1213 Ashland Blvd. Channelview, TX 77530 |
|---------------------------|--|

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| 8 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: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|-------------------------------------|
| Date 03/17/2017 | Payee name Joe Stephens Campaign |
|--------------------|-------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$125.00 | Payee address City; State; Zip Code 500 Normandy Rd Houston, TX 77015 |
|-------------------------|---|

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| 8 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: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|-------------------------------------|
| Date 04/13/2017 | Payee name Joe Stephens Campaign |
|--------------------|-------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$250.00 | Payee address City; State; Zip Code 500 Normandy Rd Houston, TX 77015 |
|-------------------------|---|

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| 8 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: |
|---|-------------------------------|----------------|--------------|

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: 3/4 Report: 6/7 | 2 FILER NAME Coffey, Don (Mr.) | 3 ACCOUNT # (TEC filers) 00000001 |
|--|--|---|

| | |
|-----------------------------|---|
| 4 Date 01/01/2017 | 5 Payee name Johnston Campaigns |
|-----------------------------|---|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$4,262.00 | 7 Payee address City; State; Zip Code 1415 South Voss Houston, TX 77057 |
|------------------------------------|--|

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| 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) <input type="checkbox"/> printing and mail |
|------------------------------------|--|--|

| | | | |
|--|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | |
|--------------------|---|
| Date 02/03/2017 | Payee name North Channel Chamber of Commerce |
|--------------------|---|

| | |
|------------------------|---|
| Amount (\$) \$95.00 | Payee address City; State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015 |
|------------------------|---|

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|------------------------------------|---|--|
| 8 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"/> ad |
|------------------------------------|---|--|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|---|
| Date 03/17/2017 | Payee name North Channel Chamber of Commerce |
|--------------------|---|

| | |
|-------------------------|---|
| Amount (\$) \$100.00 | Payee address City; State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015 |
|-------------------------|---|

| | | |
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| 8 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"/> honors luncheon sponsorship |
|------------------------------------|---|---|

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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|---|
| Date 03/17/2017 | Payee name North Channel Chamber of Commerce |
|--------------------|---|

| | |
|-------------------------|---|
| Amount (\$) \$200.00 | Payee address City; State; Zip Code 133011 I-10 East Suite 100 Houston, TX 77015 |
|-------------------------|---|

| | | |
|------------------------------------|--|---|
| 8 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 |
|------------------------------------|--|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | 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/Raimbursement
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) <input type="checkbox"/> 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 |
|-------------------------|--|

| | | |
|------------------------------------|---|---|
| 9 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 |
|------------------------------------|---|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | | | |
|---|--|--|--|
| <p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-45deg);">UNOFFICIAL</p> | | | |
|---|--|--|--|