

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

26 FEB 2024 PM 12:10

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: John MI: R <hr style="border-top: 1px dotted black;"/> NICKNAME: LAST: Coffee SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6916 Silverbell Amarillo TX 79124	Date Received CH	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 341-1964	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Audy MI: <hr style="border-top: 1px dotted black;"/> NICKNAME: LAST: Jones SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7625 Bluebonnet Amarillo TX 79108		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 570-5464		
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 26 / 24 THROUGH 2 / 24 / 24		
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Potter County Commissioner Pct. #3	13 OFFICE SOUGHT (if known) Potter County Commissioner Pct. #3	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	

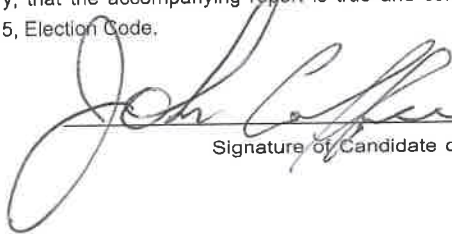
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

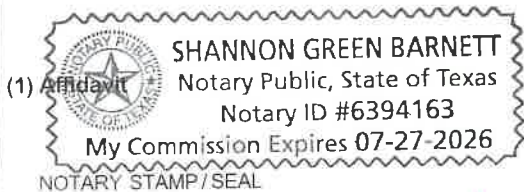
15 C/OH NAME John Coffee		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,420.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,645.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,287.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,500.00

18 SIGNATURE 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

Please complete either option below:



Sworn to and subscribed before me by John Coffee this the 26 day of February, 2024, to certify which, witness my hand and seal of office.

Shannon Green Barnett Shannon Green Barnett Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,420.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 7,500.00
5	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,645.62
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME John Coffee		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jack Owen <hr/> 6 Contributor address; City; State; Zip Code 2041 Parker Amarillo TX 79109	7 Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">50.00</div>
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Potter County
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: _____) Joe & Paula Morris <hr/> Contributor address; City; State; Zip Code 4409 Tappen Zee Amarillo TX 79121	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">100.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Rusty & Debbie Roush <hr/> Contributor address; City; State; Zip Code 6901 Cayman Ct. Amarillo TX 79124	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">200.00</div>
Principal occupation / Job title (See Instructions) CPA / Retired		Employer (See Instructions) Self
Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Walter & Mary Herring <hr/> Contributor address; City; State; Zip Code 5221 Mountain Dr. Amarillo TX 79108	Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold;">20.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME John Coffee		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Teamsters 577 D.R.I.V.E Fund	7 Amount of contribution (\$) 2,000.00
6 Contributor address; City; State; Zip Code 201 N. Johnson Amarillo TX 79107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 02/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Henry Kulczyk	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1953 Girl Scout Rd Amarillo TX 79124		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Paul Hamilton	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code PO Box 364 Bushland TX 79012		
Principal occupation / Job title (See Instructions) State Fire Marshal's Office		Employer (See Instructions) State of Texas

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME John Coffee		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 7,500.00
5 Date of loan 12/02/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Coffee	9 Loan Amount (\$) 2,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 6916 Silverbell Amarillo TX 79124	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) County Commissioner Pct.3		13 Employer (See Instructions) Potter County
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor John Coffee	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code 6916 Silverbell Amarillo TX 79124	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/12/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Coffee	Loan Amount (\$) 5,000.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 6916 Silverbell Amarillo TX 79124	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) County Commissioner Pct.3		Employer (See Instructions) Potter County
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 John Coffee	3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2024	5 Payee name Cox Custom Creations	
6 Amount (\$) 55.01	7 Payee address; 8300 HWY 70	City; State; Zip Code Pampa TX 79065
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign Shirts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Coffee	Office sought County Commissioner Pct. 3
		Office held County Commissioner Pct. 3
Date 01/31/2024	Payee name PPS Panhandle Presort Services	
Amount (\$) 1,650.61	Payee address; 920 SW 9th	City; State; Zip Code Amarillo TX 79101
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Postcard
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Coffee	Office sought County Commissioner Pct. 3
		Office held County Commissioner Pct. 3
Date 02/07/2024	Payee name KGNC Radio	
Amount (\$) 940.00	Payee address; 3505 Olsen Blvd #117	City; State; Zip Code Amarillo TX 79109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Radio
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Coffee	Office sought County Commissioner Pct. 3
		Office held County Commissioner Pct. 3

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