CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to | complete this form. | 1 Filer ID (Ethic | s Commission Filers) | 2 Total pages file | ^{ed;} 7 | |
|---|---|--|---------------------------|--------------------------------------|-----------------------|---|--|
| 3 CANDIDATE/ OFFICEHOLDER | MS / MRS / MR | FIRST John | | мі R | OFFICE | USE ONLY | |
| NAME | NICKNAME | LAST Coffee | | SUFFIX | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; 6916 Silverbe | 10 / | city; state marillo TX | 79124 | 550 | | |
| Change of Address | | | EXTE | JEION | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (806) | 341-1964 | EXTE | 431014 | Date Hand-delivered | or Date Postmarked | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST Audy | | MI | | , who are 4 | |
| NAME | Mr. | | | | Date Processed | | |
| | NICKNAME | Jones | | SUFFIX | Date Imaged | | |
| 7 CAMPAIGN | STREET ADDRESS (N | IO PO BOX PLEASE); APT / S | SUITE #; CI | TY; | STATE; | ZIP CODE | |
| TREASURER ADDRESS | 7625 Bluebor | nnet | Ar | narillo | TX | 79108 | |
| (Residence or Business) | | | | | | | |
| 8 CAMPAIGN | AREA ÇODE | PHONE NUMBER | EXTE | NSION | | | |
| TREASURER PHONE | (806) | 570-5464 | | | | | |
| 9 REPORT TYPE | January 15 | 30th day before | election | Runoff | | fter campaign ppointment er Only) | |
| | July 15 | 8th day before el | lection i | Exceeded Modified Reporting Limit | Final Repo | rt (Attach C/OH - FR) | |
| 10 PERIOD | Month | Day Year | | Month | Day Yea | r | |
| COVERED | 1 / | / 1 / 24 | THROUGH | 1 | / 25 / 24 | | |
| 11 ELECTION | ELECTION DAT | I | | ELECTION TYPE | E | | |
| | Month Day Year Primary Runoff Other Description | | | | | | |
| | 3 / 5 / | 24 General | Special | - | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | CE SOUGHT (if know | | " 0 | |
| | County Cor | mmissioner Pct | # 3 Coun | ty Commi | ssioner Pct | . # 3 | |
| 14 NOTICE FROM POLITICAL | WILL GAMPIDATE LACTIO | E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURI AND OFFICEHOLDERS ARE REQU | EC MAY DAVE DEEN MA | DE WITHOUT THE CAL | NDIDATE'S OR OFFICERO | LUER'S KNUWLEDGE OK | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | | | |
| Addilional Pages | GENERAL | COMMITTEE ADDRESS | ,- | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN T | REASURER ADDRES | S | | | |
| 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 | 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) | \$ | 650.00 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 1,362.85 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | \$ ST DAY | 5,313.31 | | | | |
| OUTSTANDING LOAN TOTALS | 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | F THE \$ | 7,500.00 | | | | |
| Signature of Candidate or Officeholder Please complete either option below: | | | | | | | |
| | before me by Amber Dickinson this the | My Cor Nove | ER DICKINSON ID #134657977 nmission Expires mber 28, 2027 | | | | |
| 20 29, to certify | which, witness my hand and seal of office. | 9 | | | | | |
| Signature of officer administer | ring oath Printed name of officer administering oath | Title | of officer administering oath | | | | |
| Signature of officer definition | OR | | | | | | |
| (2) Unsworn Declarati | on | | | | | | |
| My name is | , and my date of birth is | i | | | | | |
| My address is | | | | | | | |
| | (-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,- | state) (zip | | | | | |
| Executed in | County, State of , on the day of (month | h) 2 | (year) | | | | |
| | Signature of Candi | date/Officehol | der (Declarant) | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | nn Coffee 20 Filer ID (Ethics | s Commission Filers) | | | | |
|------|--|----------------------|--------------------|--|--|--|
| 21 S | CCHEDULE SUBTOTALS IAME OF SCHEDULE | | SUBTOTAL AMOUNT | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 650.00 | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 1,790.06 | | | |
| 3 | SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | | |
| 4. | SCHEDULE E: LOANS | \$ | 7,500.00 | | | |
| 5 | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 1,362.85 | | | |
| 6 | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0.00 | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | | | | |
| 8 | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 0.00 | | | |
| 9 | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | 0.00 | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | 0.00 | | | |
| 11 | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 | | | |
| 12 | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 0.00 | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1; |
|-----------------------------|---|---------------------------------------|
| 2 FILER NAME John Cof | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Randall Sims | 7 Amount of contribution (\$) |
| 01/01/2024 | 6 Contributor address; City: State; Zip Code PO Box 48 Amarillo TX 79105 | 500.00 |
| 8 Principal occu Retired | upation / Job title (See Instructions) 9 | tions) |
| Date | Full name of contributor out-of-state PAC (ID#) | Amount of contribution (\$) |
| 01/03/2024 | Rick and Pam Cornelson Contributor address; City; State; Zip Code 6915 Jerey Elm Amarillo TX 79124 | 50.00 |
| Principal occup Retired | pation / Job title (See Instructions) Employer (See Instructions) | ons) |
| Date 01/05/2024 | Full name of contributor Tad Fowler / Sonya Letson Contributor address; City; State; Zip Code PO Box 9104 Amarillo TX 79105 | Amount of contribution (\$) |
| Principal occup Retired | ation / Job title (See Instructions) Employer (See Instructions) | ons) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupa | ation / Job title (See Instructions) Employer (See Instruction | ons) |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see Instruction guide for additional rep | EDED |

31 JAN 2024 AND 134

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| 2 FILER I | The Instruction Guide explains how to complete this | orm. | 1 Total pages Sci | hedule A2: |
|----------------|---|-------------|--|--|
| John (| | | 3 Filer ID (Ethics | Commission Filers) |
| 4 TOTAL | _ OF UNITEMIZED IN-KIND POLITICAL CONTE | | | |
| 5 Date | | RIBUTIONS | \$ 1,790 | .06 |
| Date | 6 Full name of contributor out-of-state PAC (ID#: | Zip Code | 8 Amount of Contribution \$ 895.03 | 9 In-kind contribution description Electornic Sign |
| 10 Principal | occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | 79159 | Check if travel out | I side of Texas. Complete Schedi |
| | LIVIEGIA or's principal occupation (FOR JUDICIAL) | Self | | IAL)(See Instructions) |
| | or's employer/law firm (FOR JUDICIAL) | 13 Contribu | tor's job title (FOR J | UDICIAL)(See Instructions |
| | | 15 Law firm | of contributor's spou | use (if any) (FOR JUDICIAL |
| 6 If contribut | tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | | |
| Dale | George Chapman Contributor address; City; State; 2319 Hawthorne Amarillo TX | Zip Code | Amount of Contribution \$ | In-kind contribution description Electronic Sign |
| Principal oc | cupation / Job title (FOR NON-ILIDICIAL) | 79109 | Check if travel outsid | le of Texas, Complete Schedule |
| OILO | napman LTD Real Estate s principal occupation (FOR JUDICIAL) | Self | (FOR NON-JUDICIA | L)(See Instructions) |
| | | Contributo | r's job title (FOR JU[| DICIAL) (See Instructions) |
| Contributor's | s employer/law firm (FOR JUDICIAL) | | | e (if any) (FOR JUDICIAL) |
| f contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | | | |

| LOANS | SCHEDULE E |
|-------|------------|
| LOANS | SCHEDULE E |

| If the requested | I Information is not applica | able, DO NO | Tinciude | tills pa | ige in the re | port. |
|---|-----------------------------------|--------------|-------------|---------------|---------------------------------------|--|
| The | Instruction Guide explains | how to compl | ete this fo | rm. | | 1 Total pages Schedule E; |
| 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) | |
| John Coffee | | | | | | |
| | IITEMIZED LOANS | | | | | \$ |
| 5 Date of loan | 7 Name of lender | out-of-state | PAC (ID#: | |) | 9 Loan Amount (\$) |
| 11/03/2023 | John Coffee | | | | | 2,000.00 |
| 6 Is lender | 8 Lender address; | City; | 4444(000000 | State; | Zip Code | 10 Interest rate |
| a financial Institution? | 6916 Silverbell | Amarillo | 0 | TX | 79124 | |
| [Y ■ N | | | | | | 11 Maturity date |
| 12 Principal occupation | on / Job title (See Instructions) |) | 13 Emplo | yer (See | Instructions) | |
| | Commissioner Po | | | | | |
| 14 Description of Coll | ateral | | 15 | | if personal fun nt (See Instruct | ds were deposited into political ions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 1 | | | 19 Amount Guaranteed (\$) |
| | 49 Outputter address. | | | | Zip Code | |
| | 18 Guarantor address | City; | | State; | Zip Code | |
| not applicable | | | Т | | | |
| 20 Principal Occupat | tion (See Instructions) | | 21 Emplo | yer (See | Instructions) | |
| Date of loan | Name of lender | out-of-state | PAC (ID#: | |) | Loan Amount (\$) |
| 12/12/2023 | John Coffee | | | | | 5,000.00 |
| Is lender a linanciai | Lender address | City; | | State; | Zip Code | Interest rate |
| Institution? | 6916 Silverbell | Amarillo |) | TX | 79124 | Maturity date |
| YIN | | | | | | |
| Principal occupation / Job title (See Instructions) Potter County Commissioner PCT. 3 | | Emplo | yer (See | Instructions) | | |
| Description of Coll | ateral | | | Check | if personal fun | ds were deposited into political |
| • none | | | ~ | accour | nt (See Instruct | tions) |
| GUARANTOR INFORMATION | Name of guarantor | | | | | Amount Guaranteed (\$) |
| | Guarantor address; | City, | | State; | Zip Code | ł |
| not applicable | | | | | | |
| | ion (See Instructions) | | Emplo | yer (See | Instructions) | |
| | | | , , , | - | , | |
| | ATTACH ADD | ITIONAL COR | IES OF TH | IS SUUF | DILLEVENE | |
| If le | ender is out-of-state PAC, | | | | | |

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 Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| , , , | The Instruction Guide explains how to | complete this form. | | | 1 |
|---|---|--|---------------------------|------------------------------------|-----|
| 1 Total pages Schedule F1 | 2 FILER NAME John Coffee | | 3 Filer ID (Ethic | cs Commission Filers | \$) |
| 4 Date 01/02/2024 | 5 Payee name Welcome Pardner | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | |
| 500.00 | 6700 Wentworth | Amarillo | TX | 79109 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Advertising | Mail out | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder livin | g expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name John Coffee | Office sought County Commission | ner Cour | Office held County Commissioner | |
| Date | Payee name | | | | |
| 01/02/2024 | Panhandle Presort | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 802.85 | 920 SW 9th Ave | Amarillo | TX | 79101 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising / Printing Expense | Push Cards / Flyers | | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Auslin, TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OF | John Coffee | County Commission | ner Cour | ity Commission | er |
| Date | Payee name | | | | |
| 01/10/2024 | Cox Custom Creations LLC | | | | |
| Amount (\$) | | | State; | Zip Code | |
| 60.00 | 8300 Hwy 70 | Pampa | TX | 79065 | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | Advertising | campaign shirts | 3 | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OF | John Coffee County Commissioner County C | | | y Commissione | r |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEE | DED | | |