# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how	to complete this	form.	Filer ID (Ethio	cs Commission Filers)	2 Total pages filed:	17 /m
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST			MI.	OFFICEUS	E ONLY
NAME	NICKNAME	COON		*************	SUFFIX	City Secret	eros.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT / SUI	TE #;		E; ZIP CODE  17305	DOLO M. C	zoden
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (934) 5	PHONE NUMBER		EXTE	NSION	Date Hand-delivered or D	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  ML  NICKNAME	SAM LAST	uel		MI K SUFFIX		1024
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE)	; APT / SUITE		ory; 1roc	STATE; 2	7304
8 CAMPAIGN TREASURER PHONE	AREA CODE (934)	PHONE NUMBER	LV.	EXTE	ENSION		
9 REPORT TYPE	January 15 July 15		day before electi		Runoff  Exceeded Modified	15th day after c- treasurer appoir (Officeholder On	tment ly)
10 PERIOD COVERED	Month		)24	THROUGH	Reporting Limit  Month	Day Year / 25 / 202	4
11 ELECTION	Month Day	Year	Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	,		<b>13</b> OFFI	CONFUL	·	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EX	PENDITURES MA S ARE REQUIRED	Y HAVE BEEN MA	DE WITHOUT THE CAN	MADE BY POLITICAL COMMIT DIDATE'S OR OFFICEHOLDER THEY RECEIVE NOTICE OF SUI	'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADD		JRER NAME			
		COMMITTEE CAN	IPAIGN TREAS	URER ADDRES	S		
		G	O TO P	AGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

<b>97 11111 7 11 9 1</b>	· · · · · · · · · · · · · · · · · · ·			
15 C/OH NAME	ke W. Coon	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)	\$ 3500.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &		
	4. TOTAL POLITICAL EXPENDITURES	\$ 74,266.49		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	* 3733.51		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 74,500.60		
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information		
	Chu mi	), (		
	Signature of Car	ndidate or Officeholder		
	organists of the			
	Please complete either option below	:		
(1) Affidavit	JENNIFER GARCIA STEINBERG Notary Public, State of Texas Comm. Expires 01-13-2026 Notary ID 133533309			
NOTARY STAMP/SEA	2 /	0 ( 1 )		
Sworn to and subscribed		3rd day of April,		
20 Z, to certify	which witness my hand and seal of office.	Natury		
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath		
Enter Biller	OR			
(2) Unsworn Declarat				
My name is	, and my date of birth is			
	,			
Wiy addi 655 15		tate) (zip code) (country)		
	· · · · · · · · · · · · · · · · · · ·			
Executed in	County, State of , on the day of (month	) (year)		
	Signature of Candid	late/Officeholder (Declarant)		

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co			
	Duke W. Coon			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3500.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <u>O</u>	
4.	SCHEDULE E: LOANS		\$ 74,500	00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 74,266	, 49
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>O</i>	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$ O	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ <i>O</i>	

### **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			3 Filer ID (Ethics Commission Filers)
D	uke W. Coon		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
dul	Nat Davis		
11824	NAT DAVIS  6 Contributor address; City;	State; Zip Code	\$ 1000.00
į		14 Tx 77358	, 1000.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	ions)
Rea	1 Estate	Self	
	Full name of contributor	: (ID#:	A
Date			Amount of contribution (\$)
2/12/21	Jack Gunion Contributor address; City;		
411174			\$1000.00
		TX 77304	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Inve	struct Bunker	Self	9
Date		C (ID#:)	Amount of contribution (\$)
	i de la companya de	`	Amount of continuation (4)
2/20/24		State: Zin Code	\$500.00
1101101		State; Zip Code	1 300.00
Y C		Conroctx 77304	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Phi	BICIAN	Self	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Ron Saikowski		<u>.</u>
3/19/24	Contributor address; City;	State; Zip Code	\$500.00
\$ 1 1 1		onroc TX 77385	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Ena	Incer	Quest En	gineering
3			J

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.

	If the requested information is not applicable, <b>bo Not include this page in the report.</b>				
	The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:	
2	FILER NAME	Duke W. Coon		3 Filer ID (Ethics Commission Filers)	
4	Date		PAC (ID#:)	7 Amount of contribution (\$)	
3	119/24	David Hosper  6 Contributor address; City;		\$500.00	
			Tx 77305		
8		pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	ctions)	
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **LOANS** SCHEDULE E

if the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
The	1 Total pages Schedule E			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Duk	W. Coon			
5	IITEMIZED LOANS		\$ 0	
5 Date of loan	7 Name of lender	PAC (ID#:	9 Loan Amount (\$)	
1/29/24	Duke W. Coon	, , , , , , , , , , , , , , , , , , , ,	\$ 5000.60	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code  77305	10 Interest rate  NA  A  11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	,	
pilano	Gas/CEO	Hadco Inter	national	
14 Description of Coll		15	ds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#: )	Loan Amount (\$)	
2 13/24	Duke W. Coon		\$ 7500.60	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial Institution?	Conn	C, TX 17305	Maturity date	
Y N	}		Name of the second	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	NIC	
oil and	gas /CEO	Hadoo Interi	national	
Description of Coll	latefal	Check if personal fun- account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	1	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

### LOANS SCHEDULE E

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Duke V	V. Coon			
4 TOTAL OF UN	ITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender  ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
2/29/24	Duke W. Coon		#8500.00	
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	Conrol	U TX 17305	NIT	
Y N		1 11 1 10==	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
	Eas/CEO	tadao Interi	national	
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
	To Guarantor address, Oity,	otato, Zip oode		
not applicable				
20 Principal Occupation (See Instructions)  21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
3/4/24	Duke W. Coon	,	\$ 3500.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial	The state of the s	e, Tx 77305	NIA	
	Control	1 10	Maturity date	
YN			NA	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1	
oil and i	Sus / CEO	Hadeo Interi	national	
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
lf le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI		

#### SCHEDULE E **LOANS**

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Duke	W. Coon			
	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
3/9/24	Duke W. Coon		\$20,000.60	
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?	Conroc	Tx 77305	11 Maturity date	
Y N	· ·		NA	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
oiland	Gas / CEO	Hadco Interna	itional	
14 Description of Coll		15	ds were deposited into political	
none		account (See Instructi		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
	To Guarantoi address, Gity,	State, Zip Gode		
not applicable				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#: )	Loan Amount (\$)	
3/11/24	Duke W. Coon		\$10,000.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial	Conro	e, Tx 77305	NA	
_			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	. 1	
oil and	Ens/CEO	Hado Inter	national	
Description of Col	lateral		ds were deposited into political	
none		account (See Instruct	uons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupat	ion (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.				

### LOANS SCHEDULE E

The	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Duke	W. Coon			
4 TOTAL OF UN	ITEMIZED LOANS		<b>\$</b> <i>O</i>	
5 Date of loan	7 Name of lender  ut-of-state P	PAC (ID#:)	9 Loan Amount (\$)	
3/14/24	Duke W. Coon		\$5000.00	
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate	
Institution?	Conn	UC, TX 77305	11 Maturity date	
YN		1	N A	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
oil and (	sas/LEO	Hadoo Inter	national	
14 Description of Coll	ateral	15	ds were deposited into political	
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)	
INFORMATION				
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#: )	Loan Amount (\$)	
3/18/24	Duke W. Coon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 5000.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial	Conr	De Tx 77305	NIA	
Y (N)			Maturity date	
	on / lob title (See Instructions)	Employer (See Instructions)	NIK	
bil and	on / Job title (See Instructions)	Had co Inter	national	
Description of Coll	ateral		ds were deposited into political	
None GUARANTOR	Name of guarantor		Amount Guaranteed (\$)	
INFORMATION	Tarro or guarantor		(*/	
	Guarantor address; City;	State; Zip Code		
not applicable	7			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
16 1.	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI		

## LOANS SCHEDULE E

The	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Duke	W. Coon			
4 TOTAL OF UN	ITEMIZED LOANS		\$ <i>O</i>	
5 Date of loan	7 Name of lender  ut-of-state P	PAC (ID#:)	9 Loan Amount (\$)	
3/22/24	Duke W. Coon		\$10,000.00	
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	Conne	TX 77305	NIA	
YN		1 15-5	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	, ,	
olland	MAS/CED	Hadco Intern	ational	
14 Description of Coll	VIVOS / ST	15		
none		account (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
1	Oity,	Ciato, Lip Code		
not applicable				
20 Principal Occupation (See Instructions)  21 Employer (See Instructions)				
Date of loan	Name of lender	PAC (ID#: )	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Y N				
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal fun	ds were deposited into political	
none		account (See Instruct	and the contract of the contra	
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable	,			
	on (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.				

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment  The Instruction Guide explains how to complete this form.			
	•		
1 Total pages Schedule F1:	2 FILER NAME DUKC W. COSM	;	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Blox Media		×
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 625.00	17401 W. Lake Houston Pkn #7312	y Atascocito	L TX 77344
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Media Pro	oduction - Video
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	_	
2/4/24	Palm Marketing		
Amount (\$)	Payee address;	City;	State; Zip Code
\$750	2040 N. Loop 336 W. Ste 124	Conroe	Tx 77304
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Campaign and M	Graphic Design larketing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		4
2/4/24	Melonhead Photogra	iphy	
Amount (\$)	Payee address;	City;	State; Zip Code
324.75	608 Metzalf St. Con	oe T	× 7730)
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expenses	Campaigh	Photos
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a) nt Expense Loan Repayment/Reimburseme

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

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

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

Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
	V. J. 1990. 20 000000 J. 1990. Co. 1990. Co. 1990. Co. 1990. € Co. 1990. Co	300 Cale - 400 Cale -	
1 Total pages Schedule F1:	2 FILER NAME Duke W. Coon	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
219124	Fast signs to	City: State; Zip Code	
6 Amount (\$)	7 Payee address,		
\$ 84.55	2064 South Loop 336 h	1 Connue TX 77304	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advantiging Expense.	Candidate Name tags	
OF EXPENDITURE	Advertising Expense	J	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2 13 24	Robert Walker Camp	paign	
Amount (\$)	Payee address;	City; State; Zip Code	
# 500.00		Pinehurst Tx 77362	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations	3	
OF EXPENDITURE	Made by Candidate	fundraiser	
	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	Robert Walker	Commissioner pet.	
Date	Payee name	•	
2/15/24	Houston Chronicle/H	earst Newspaper LLS	
Amount (\$)	Payee address;	City; State; Zip Code	
\$5235.00	4747 Southwest Frug	Houston TX 77027	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Courier Advertisament	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/N The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Duke W. Coon		3 Filer ID (Ethics Commission Filers)		
4 Date 2 1 1 1 2 4	5 Payee name Blox Media				
6 Amount (\$) \$   875.00	7 Payee address; 17401 W. Lakettonston Pkn	City; 14 Atascoc	State; Zip Code  1 TX 77344		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Media Pr	oduction - Video		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/20/24	Woodforest National B	ank			
Amount (\$)	Payee address;	City;	State; Zip Code		
₹ 3.00	400 W. Davis St.	Conroe	Tx 77301		
	Category (See Categories listed at the top of this schedule)	Description	, 0		
PURPOSE OF EXPENDITURE	Banking Fees Statement fee				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/26/24	W.J. S Property				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 2375.00	1903 Northshore Dr.	Conne Tx	77304		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Billboard			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

	EXPENDITURE CATEO	GORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a oategory not listed above)			
Credit Card Payment  The Instruction Guide explains how to complete this form.						
Total pages Schedule F1:	2 FILER NAME Duke W. Coon		3 Filer ID (Ethics Commission Filers)			
4 Date 2 28 24	5 Payee name Melonhead Photo					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$142.38	608 Metzalf St.	Conne	TX 77301			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expens	c Campaia	Campaign Photos			
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/4/24	Palm Marketing					
Amount (\$)	Payee address;	City;	State; Zip Code			
7045.74	2040 N. Loop 334 n Ste 124	1. Conne	Tx 77304			
	Category (See Categories listed at the top of this	schedule) Description	6			
PURPOSE OF EXPENDITURE	Advertising Expen	and Ma	n Graphic Design			
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/8/24	Houston Livestock	. Show and Ro	deo			
Amount (\$)	Payee address;	City;	State; Zip Code			
\$100.00	NRG center 3 NRG Park	Houston	Tx 77054			
	Category (See Categories listed at the top of this	schedule) Description	Daniel			
PURPOSE OF EXPENDITURE	Event Expense	to Texas	n Parade			
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
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### SCHEDULE F1

	EXPENDITURE CATEG	SORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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 explain	s now to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME DUKE W. COON		3 Filer ID (Ethics Commission Filers)		
4 Date 3 8 24	5 Payee name Color Tech Direct				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
7808.07	809 Cable Street	conne.	Tx 77301		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expens	& Campaig	in Signs		
	(c) Check if travel outside of Texas. Complete Se	chedule T. Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3/11/24	W.J.S. Property				
Amount (\$)	Payee address;	City;	State; Zip Code		
<b>*</b> 2375.00	1903 Northshore Br	. Conroe	Tx 77304		
	Category (See Categories listed at the top of this s	schedule) Description			
PURPOSE OF EXPENDITURE	Advertising Expens	se Billboni	rel		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3/13/24	Feldman & Feldm	an			
Amount (\$)	Payee address;	City;	State; Zip Code		
#10,000.00	3355 W. Alabama Ste 1200	Houston	TX 77098		
	Category (See Categories listed at the top of this s	schedule) Description			
PURPOSE OF EXPENDITURE	Legal Services	Attorner	y Fees		
	Check if travel outside of Texas. Complete S	Schedule T. Check if Aus	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
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#### 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or programment listed above)

Contributions/Donations Made By Candidate/Officeholder/Political		xpense Vages/Contract Labor	Travel Out Of District Other (enter a category	A STATE OF THE STA	
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
417	Duke W. Coon				
4 Date 3 13 24	5 Payee name Feldman & Feldman				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
#10,000.00	3355 W. Alabana Ste 1200	Houston	Tx	77098	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	regal Services	Attorney Fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
3/18/24	Feldman & Feldman	\			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 5000.00	3355 W. Alabama Sty. 1200	Houston	TX	77098	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ugal Services	Attorney	Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Y.	Office held	
Date	Payee name				
3/18/24	Feldman & Feldman				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 10,000.00	3355 W. Xlabama Ste 1200	Houston	TY	77098	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Legal Services	Attorney	Fecs		
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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#### 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Zip Code 6 Amount (\$) 400 M. Drvis #3.00 'onne (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Statement fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Feldman & Feldman Payee address; RES W. Alabama Payee address; Zip Code Amount (\$) 3355 W. Alabama 10,000.00 Ste 1200 Category (See Categories listed at the top of this schedule) Description PURPOSE Attorney Fees Legal Services OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED