

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **12** *VSQ*

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

*Mr. Duke W. Coon*

OFFICE USE ONLY

Date Received

*4-26-24*

*Sam Quinlan  
Asst. City Secretary*

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

*Conroe Tx 77305*

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(936) 520-0769*

Date Hand-delivered or Date Postmarked

*4-26-24*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

*Mr. Samuel K Cable*

Receipt #

Amount \$

Date Processed

*4-26-24*

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

*Conroe Tx 77304*

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

*(936) 537-1574*

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

*3 / 26 / 2024* THROUGH *4 / 24 / 2024*

11 ELECTION

ELECTION DATE

Month

Day

Year

*5 / 4 / 2024*

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Conroe Mayor*

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Duke W. Coon</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,450.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>29,820.18</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>363.33</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>94,500.00</u>

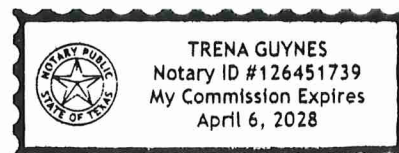
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Duke Coon this the 21<sup>st</sup> day of April, 2024, to certify which, witness my hand and seal of office.

Trena Guynes TRENA GUYNES 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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Duke W. Coon</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6450.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>94,500.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>29,820.18</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</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: <b>1 of 3</b>
2 FILER NAME <b>Duke W. Coon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/5/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kim and Valerie Attaya</b>	7 Amount of contribution (\$) <b>\$ 1,000.00</b>
6 Contributor address; City; State; Zip Code <b>Conroe Tx 77304</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>4/5/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Stoecker</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>
Contributor address; City; State; Zip Code <b>Conroe, Tx 77305</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate Broker</b>		Employer (See Instructions) <b>Stoecker Management</b>
Date <b>4/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sheila Williams</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>Conroe, Tx 77304</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Self</b>
Date <b>4/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marian Curry</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code <b>Huntsville, Tx 77320</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 3</b>
2 FILER NAME <b>Duke W. Corn</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sallie Watkins</b> Contributor address; City; State; Zip Code <b>Conroe, Tx 77303</b>	7 Amount of contribution (\$) <b>\$30.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>4/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erma Sauls Young</b> Contributor address; City; State; Zip Code <b>Conroe Tx 77304</b>	Amount of contribution (\$) <b>\$20.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Self</b>
Date <b>4/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Norma Williams</b> Contributor address; City; State; Zip Code <b>Conroe, Tx 77301</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Self</b>
Date <b>4/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Quentin Haynes</b> Contributor address; City; State; Zip Code <b>Conroe Tx 77304</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME Duke W. Coon		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Vickers	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code Conroe, TX 77302		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy Pinzon	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code Conroe, TX 77040		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Wilson	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> 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.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: <b>1 of 3</b>	
2 FILER NAME <b>Duke W. Coon</b>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ <b>0</b>	
5 Date of loan <b>3/24/24</b>		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Duke W. Coon</b>		9 Loan Amount (\$) <b>\$ 4500.00</b>	
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>		8 Lender address; City; State; Zip Code <b>Conroe, TX 77305</b>		10 Interest rate <b>N/A</b>	
				11 Maturity date <b>N/A</b>	
12 Principal occupation / Job title (See Instructions) <b>oil and gas / CEO</b>			13 Employer (See Instructions) <b>Hadco International</b>		
14 Description of Collateral <input checked="" type="checkbox"/> none			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable		17 Name of guarantor  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		

Date of loan <b>4/9/24</b>		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Duke W. Coon</b>		Loan Amount (\$) <b>\$ 5000.00</b>	
Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>		Lender address; City; State; Zip Code <b>Conroe TX 77305</b>		Interest rate <b>N/A</b>	
				Maturity date <b>N/A</b>	
Principal occupation / Job title (See Instructions) <b>oil and gas / CEO</b>			Employer (See Instructions) <b>Hadco International</b>		
Description of Collateral <input checked="" type="checkbox"/> none			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable		Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
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.

**LOANS****SCHEDULE E**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 E: <b>2 of 3</b>
2 FILER NAME <b>Duke W. Coon</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>3/27/24</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Duke W. Coon</b>	9 Loan Amount (\$) <b>\$ 500.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>Conroe TX 77305</b>	10 Interest rate <b>N/A</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>oil and gas / CEO</b>		13 Employer (See Instructions) <b>Hadco International</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
	Principal Occupation (See Instructions)	
Employer (See Instructions)		

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**LOANS****SCHEDULE E**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 E: 3 of 3
2 FILER NAME Duke W. Coon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 4/13/24	7 Name of lender Duke W. Coon <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 8500.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code Conroe TX 77305	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) oil and gas / CEO		13 Employer (See Instructions) Hadco International
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/19/24	Name of lender Duke W. Coon <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$ 1500.00
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code Conroe TX 77305	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) oil and gas / CEO		Employer (See Instructions) Hadco International
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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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	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.

<b>1</b> Total pages Schedule F1: 1 of 3	<b>2</b> FILER NAME Duke W. Coon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/26/24	<b>5</b> Payee name Community Impact	
<b>6</b> Amount (\$) \$7941.80	<b>7</b> Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box 3 Round Rock TX 78665	
<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 Ad in Community Impact
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/4/24	Payee name Better Bookkeepers	
Amount (\$) \$197.50	Payee address; City; State; Zip Code 19221 IH-45 Conroe TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting	Description Campaign Finance Report
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/10/24	Payee name Palm Marketing	
Amount (\$) \$5101.38	Payee address; City; State; Zip Code 2040 N. Loop 334 W. Ste 124 Conroe TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Graphic Design and Marketing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# 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	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.

<b>1</b> Total pages Schedule F1: <u>2 of 3</u>	<b>2</b> FILER NAME <u>Duke W. Coon</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>4/10/24</u>	<b>5</b> Payee name <u>Color Tech Direct</u>	
<b>6</b> Amount (\$) <u>\$5975.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>809 Cable Street Conroe TX 77301</u>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	<b>(b)</b> Description <u>Campaign Mailouts</u>	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <u>4/10/24</u>	Payee name <u>Color Tech Direct</u>	
Amount (\$) <u>\$7823.44</u>	Payee address; City; State; Zip Code <u>809 Cable Street Conroe TX 77301</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	Description <u>Campaign Mailouts</u>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <u>4/18/24</u>	Payee name <u>United States Postal Service</u>	
Amount (\$) <u>\$1020.00</u>	Payee address; City; State; Zip Code <u>809 W. Dallas St. Conroe TX 77301</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	Description <u>Stamps</u>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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	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: <b>3 of 3</b>	2 FILER NAME <b>Duke W. Coon</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/19/24</b>	5 Payee name <b>United States Postal Service</b>	
6 Amount (\$) <b>\$1428.00</b>	7 Payee address; City; State; Zip Code <b>809 W. Dallas St. Conroe TX 77301</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	
	(b) Description <b>Stamps</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>4/20/24</b>	Payee name <b>Woodforest National Bank</b>	
Amount (\$) <b>\$3.00</b>	Payee address; City; State; Zip Code <b>400 W. Davis St. Conroe TX 77301</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	
	Description <b>Statement Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>3/27/24</b>	Payee name <b>Branding Iron</b>	
Amount (\$) <b>\$330.00</b>	Payee address; City; State; Zip Code <b>210 N. Main St. Conroe TX 77301</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	
	Description <b>Campaign Shirts</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		