CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST DWG	W.	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX	10/2/24			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		orve, Tx 77305	Sami Quillar Bost. City secret			
Change of Address)						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 520 - 0749	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST SAMUEL LAST	MI SUFFIX	Date Processed (a) 7/24 Date Imaged			
		Cable		Date illiageu			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE			
ADDRESS	}	*	Conne	74 77304			
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(9310) 5	37 - 1574	EXTENSION				
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day Year	Month	Day Year			
GOVERED	4	25 2024	THROUGH (15/2024			
11 ELECTION	ELECTION DA		ELECTION TYPE				
	Month Day	Year Primary	Runoff Other Description				
	4/15/	2024 General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	···			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES I	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDINATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS				
		GO TO	PAGE 2	GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	W. Coon	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)	\$ 14,756.17
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 24.617.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* 3001.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 108,700.00
18 SIGNATURE Is	swear, or affirm, under penalty of perjury, that the accompanying report is true an	d correct and includes all information
	quired to be reported by me under Title 15, Election Code	- In mornidation
.0	Jan	
	Signature of Candid	late or Officeholder
	Signature of Candit	
	Please complete either option below:	
TRENA GUYNES		
		Notary ID #126451739 My Commission Expires
(1) Affidavit		April 6, 2028
	1	
NOTARY STAMP/SEA	·L	
Sworn to and subscribed	Du Con	m day of June,
20 <u>24</u> , to certify	y which, witness my hand and seal of office.	U
Ama Ani	ANLY TRENA GUYNES	NOTARY
Signature of officer administ	11 20	Title of officer administering oath
The state of the s	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
2.00		
	(street) (city) (state	e) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
+ 3,	(month)	(year)
	Signature of Candidate	e/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
	Duke W. Coon		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 14,756.17
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 14,200.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 14,200.00 \$ 26,617.9
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 15,867.4
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

in the requested information to het applicable, De Net information page in the reperti			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Duk	e W. Coon		
4 Date	5 Full name of contributor uut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4/21/24	6 Contributor address; City;	State; Zip Code	\$ 1000.00
	Conroe	Tx 77301	
8 Principal occup		9 Employer (See Instruct	tions)
Alto	rney	self	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4 24 24	Contributor address; City; Convoc	State; Zip Code TX 17304	# 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/26/24		State; Zip Code	\$ 5000.00
	Conroe,	TX 77305	
to the control of the	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Real E	state Broker	Stocker 1	Management
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/10/24	Bruce & Marion Frank Contributor address; City;	State; Zip Code	\$250.00
	4,111.31	11018	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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.

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Duke W. Coon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
5/10/24	Bruw Marion Franke 6 Contributor address: City; State Willis, Tx	; Zip Code	\$ 250.00
	WITTIS, IX	01611	
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructi	ions)
Realt	W 5	elt	-
Date	Full name of contributor)	Amount of contribution (\$)
Date	Mall M Malden		Amount of contribution (4)
5/13/24	Webb K. Melder Contributor address; City; State		\$250.00
0113121		; Zip Code	# 25 U. UU
	convoe Tx	1 1501	
Principal occup		ployer (See Instruct	ions)
Realt	ov 5	ielf	
Date	Full name of contributor)	Amount of contribution (\$)
-1 1	Shana Arthur		# 22 21 17
5 13 24	Contributor address; City; State	; Zip Code	\$ 3206.17
	- Conroe, TX	77304	
Principal occup		ployer (See Instruct	tions)
Retiv	rd	Self	
7 0			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/18/24	Contributor address; City State	e; Zip Code	\$1000
	conne Tx	77304	
Principal occupation / Job title (See Instructions)		nployer (See Instruct	tions)
Reti	red	Self	

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.

		-		
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 + 3				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Duke	W. Com			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
5/18/24	6 Contributor address; City; State; Zip Code	\$500.00		
	Conroe Tx 77304			
	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)		
Reti	Tred Suff			
Date	Full name of contributor	Amount of contribution (\$)		
7 1	Michael + Card Johnson	.,		
5 31 24	Michael + Card Jihnson Contributor address; City; State; Zip Code	\$ 1000.00		
	Montgomeny Tx 77356			
Principal occur				
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self			
Date	Full name of contributor	Amount of contribution (\$)		
5/31/24	JA: KC Hermer Contributor address: City: State: Zip Code	# 1000.00		
01-11-1		1000.		
	Conne Tx 77304			
	pation / Job title (See Instructions) Employer (See Instru	uctions)		
Ret	ived Self			
Date	Full name of contributor	Amount of contribution (\$)		
5/31/24	Sam Cable Contributor address; City; State; Zip Code	# 300.°°		
	Conne Tx 77304			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Retired Self				

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:				
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Duke W.	Coon		
4		ITEMIZED LOANS		\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5	Date of loan	7 Name of lender ut-of-state Pa	'AC (ID#:)	9 Loan Amount (\$)
	5/15/24	Duke W. Coon		\$ 500.00
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y (19)	Conroe	TX 77305	11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
	oil and	gas/CEO	Hadoo Intern	ational
14	Description of Colla	ateral	15 Check if personal fund	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	
	not applicable	,		
∠0	Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
8	5/21/24	Duke W. Coon		\$500.00
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution?	Conne	L TX 17305	Maturity date
	Y (N)	,		NA
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	oil and	ALS /CED	Hada Interr	national
	Description of Colla	atéral		ds were deposited into political
	none		account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	1
	not applicable			
	Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
F	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 comple	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
N. I.	W. C.			
Duke	W. Com			
4 TOTAL OF UN	IITEMIZED LOANS		\$ 4	
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)	
5/10/24	Duke W. Coon		\$2700.°°	
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	Consula		NA	
v (II)	CANAR	TX 77305	11 Maturity date	
YN			NIA	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	,	
The state of the s	gas / CED	Hadeo Intern	ational	
		15		
14 Description of Collateral Check if personal funds were de account (See Instructions)				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	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 (\$)	
5/13/24	Duke W. Coon	v	\$300D.00	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial	5		NA	
Institution?	Conne	TX 77305	Maturity date	
Y N			NIA	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
	gns/CE0	Hadco Inter	national	
Description of Col	lateral	Check if personal fun	ds were deposited into political	
none	T	account (See Instruc	tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code	1	
	Guarantor address, Oity,	State, Zip Gode		
not applicable	,			
	ion (See Instructions)	Employer (See Instructions)	1	
i illicipal Occupat	Timolpal Goodpation (Goo metadations)			
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE	EDED	

SCHEDULE E **LOANS**

If the requested information is not applicable, DO NOT include this page in the report.			
The I	ete this form.	1 Total pages Schedule E:	
2 FILER NAME		¥	3 Filer ID (Ethics Commission Filers)
Duke v	il Como		
Dure V	V. Coort		
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state P	PAC (ID#:)	9 Loan Amount (\$)
5 21 24	Duke W. Coon		# 7500.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial			NA
Institution?	Conne	N TX 17305	11 Maturity date
YN			N/A
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Oll and	MAS/CED	Hadoo Intern	ational
14 Description of Colla	V	15	ds were deposited into political
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			
	18 Guarantor address; City;	State; Zip Code	
	To Guarantor address, Sky,	State, E.P Sees	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out-of-state	PAC (ID#:)	Loan Amount (\$)
Bato or loan	TVAITIO OTTOTALE	PAC (ID#)	
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?			Maturity data
Y N			Maturity date
150.30		Employer (See Instructions)	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral		ds were deposited into political
none		account (See Instruc	uons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
		,	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
If Id	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In:	HES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

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

ii tile requested iilic	officable, bo Not inclu	de tills page ill tile re	port.
EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement be Overhead/Rental Expense ing Expense ting Expense uries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Duke W. Coon		3 Filer ID (Ethics Commission Filers)
4 Date 5 3 2024	5 Payee name Blox Media		
\$ 534.25	7 Payee address; 17401 W. Lake Houston PKWY	Atascocita	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Media Pi	roduction - Video
	(c) Check if travel outside of Texas. Complete Schedul	eT. 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
5/3/24	Blox Media		
Amount (\$)	Payee address;	City;	State; Zip Code
# 804.38	17401 W. Lake Honston Pkwy	Atascocita,	TX 77344
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	e Media F	Production-Video
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	Duke W. Coon	Connel	layor
Date	Payee name		
5/10/24	Hallaron Advertisin	of Agency	
Amount (\$)	Payee address;	City;	State; Zip Code
\$9075.00	2001 Timberloch Pl. #500	The Woodlan	nds 1x 77380
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	. Social 1	Nedia
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Duke W. Coon	Connoc M	ayor

SCHEDULE F1

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

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

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)

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)		
2 of 4	Duke W. Coon		
4 Date 5 13 24	5 Payee name To Media / WMMUNI 7 Payee address;	ty Impact	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$ 4570.00	3400 E. Palm Valley Blvd. Box 3	Round Rock Tx 78645	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad in Community Impact	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OI	Duke W. Coon	Conroe Mayor	
Date	Payee name	J	
5/14/24	JE Media/Commun	rity Impact	
Amount (\$)	Pavee address:	City; State; Zip Code	
#300.00	3600 E. Palm Valley Blvd. Box 3	Round Rock Tx 78665	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad in Community Impact	
	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/OI	Duke W. Coon	Connoe Mayor	
Date	Payee name	J	
5/15/24	J6 Media/commu	inity Impact	
Amount (\$)	Payee address;	City; State; Zip Code	
#300.00	Blyd, Box 3	Round Rock Tx 78645	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad in Community Impact	
	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/O	Duke W. Coon	Conne Mayor	
	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.

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 Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
		ou to complete time form.						
1 Total pages Schedule F1: 3 of 4	Duka W. Coon		3 Filer ID (Ethics Commission Filers)					
4 Date 5 15 24	5 Payee name Wood Fovest National	Bank						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
# 41.95	400 W. Davis St.	Conroe	TX 77301					
8	(a) Category (See Categories listed at the top of this school	edule) (b) Description						
PURPOSE OF EXPENDITURE	Fees	Bank t	ies					
	(c) Check if travel outside of Texas. Complete Sched	dule 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		J					
5/20/2024	JWS Properties							
Amount (\$)	Payee address;	City;	State; Zip Code					
#833.33	1903 North shore Dr.	Conroe	TX 7730+					
	Category (See Categories listed at the top of this sche	edule) Description						
PURPOSE OF EXPENDITURE	Advertising Expen	se Billbon	rd					
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	neck if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought						
expenditure to benefit C/OF	Duke W. Coon	Conroe	Mayor					
Date	Payee name							
5/22/24	Ja Media/ COMA	nunity Impa	act					
Amount (\$)	Payee address;	City;	State; Zip Code					
# 900.00	Blvd Box 3) Round Pock	TX 78665					
	Category (See Categories listed at the top of this sche	edule) Description						
PURPOSE OF EXPENDITURE	Advertising Expens	e Ad in Co.	mmunity Impact					
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	lin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held					
expenditure to benefit C/OF	Duke W. Coon	Convoe.	Mayor					

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 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 (Ethic	s Commission Filers)				
4 of 4	Duke W. Coon							
4 Date 5 22 24	5 Payee name Palm Marketing							
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code				
#7257.04	2040 N. Loop 336 W.	Conne	TK	17304				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic Design Marketing						
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held					
expenditure to benefit C/OF	Duke W. Coon	Mayor						
Date	Payee name							
•								
Amount (\$)	Payee address;	City;	State;	Zip Code				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE								
OF EXPENDITURE								
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held				
expenditure to benefit C/OF	expenditure to benefit C/OH							
	Payee name							
Date	Payee name							
Amount (\$)	Payee address;	City;	State;	Zip Code				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE								
OF EXPENDITURE								
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	(88888.00000 10.0000.00000	in, TA, onicendider livin	Office held				
Complete ONLY if direct expenditure to benefit C/O		Office sought		Office field				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 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 explains how to complete this form.			USE A NEW PAGE FOR EACH CREDIT CARD ISSUER				
1 TOTAL PAGES SCHEDULE F4: 6+3	2 FILER NAME DUKE	W. C05	n		3	FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						\$	
5 CREDIT CARD	Name of financial institution	on					
ISSUER	chase						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	1	Credit Card Issuer	Paid	
	\$ 952.00	4/3/20			5 2024		
7 PAYEE	(a) Payee name United Stad Postal Serv	tes	(b) Payee add	W. Da	cllas St.		Zip Code
8 PURPOSE OF	(a) Category (See Categories list	ted at the top of this sched	lule)	(b) Descrip	tion	•	-
Political	Advertising	a Expen	se	Sta	MPS &	Envelop	es
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder r	name	Off	ice Sought		Office Hel	d
expenditure to benefit C/OH	Duke W.	Coon	Con	rue M	ayor		
PAYMENT	(a) Amount Charged	(b) Date Expenditu			Credit Card Issuer	Paid	
	\$						
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sched	dule)	(b) Descrip	otion		
Political					a a		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held					d	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s)	Credit Card Issue	r Paid	
	\$	50 10					
PAYEE	(a) Payee name		(b) Payee ad	dress:	City	, State	, Zip Code
			(=, =, =, ====	,		,	1004 T (1007) 1003
PURPOSE OF	(a) Category (See Categories lis	sted at the top of this sche	l dule)	(b) Descrip	otion		
EXPENDITURE		*					
Political Non-Political	(c) Chook if around	side of Toyas Complet	a Schadula T		Chack if Augs	in TX officeholder liv	ring expense
1	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held			-			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Oil	nce sought		Office He	u
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Food/Beve By Gift/Award	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		Office Overhead/Rental Expense Polling Expense Printing Expense		on/Fundraising Expense tation Equipment & Related Expense District ut Of District tter a category not listed above)		
The Instruction	Guide explains how to co	omplete this form.		USE A NEW PAG	SE FOR EACH CR	REDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4: 26F3	2 FILER NAME Duke W. Coon				3 FILER	ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$	d		
5 CREDIT CARD ISSUER	Name of financial institu					1		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure	Charged	(c) Date(s) Credit	Card Issuer Paid			
	\$ 8000.00	5/12/20	24	5/14/2	2024			
7 PAYEE	(a) Payee name	1 :	b) Payee add	dress;	City,	State, Zip Code		
	Palm Mr	vketing 2	1040	ste 124	336 W.	noe Tx 77304		
8 PURPOSE OF	(a) Category (See Categories I	isted at the top of this schedule	e)	(b) Description	ala G	A Declara		
Political	Advertisin	a Expense		Campai	ar elas	ketina Design		
Non-Political		tside of Texas. Complete S	ichedule T.	Ch	eck if Austin, TX, offic	ustin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder	name	Off	ice Sought		Office Held		
expenditure to benefit C/OH	Duke W. (000	Con	ine Mai	100			
PAYMENT	(a) Amount Charged	(b) Date Expenditure		(c) Date(s) Credit	eard Issuer Paid			
	\$ 1,734.00	5/27/2	024	5/29	2024			
PAYEE	(a) Payee name Houston Chr Hearst Ne	mich/ /	b) Payee add	dress; Southwe	St Fwy Houston	State, Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories	isted at the top of this schedule	e)	(b) Description				
Political	Advertising	Expense		Course	r Advert	Wernsement		
Non-Political					neck if Austin, TX, offi	ceholder living expense		
Complete ONLY if direct	Candidate / Officeholder	name	0	ice Sought		Office Held		
expenditure to benefit C/OH	Duke W. Coon Conne Mayor							
PAYMENT	(a) Amount Charged	(b) Date Expenditure	Charged	1	Card Issuer Paid			
	\$ 2,398.06	5/27/2	024	5 29	2024			
PAYEE	(a) Payee name		b) Payee ad	dress;	t. Conn	State, Zip Code TX 77301		
PURPOSE OF	(a) Category (See Categories	listed at the top of this schedule	e)	(b) Description				
Political	Advertising Expense Campaign Mailouts					allouts		
Non-Political	(c) Check if travel ou	itside of Texas. Complete S	Schedule T.		Check if Austin, TX, o	fficeholder living expense		
Complete ONLY if direct	Candidate / Officeholder	name	Off	fice Sought		Office Held		
expenditure to benefit C/OH	Duke W.	Coon	Conn	e Mains	V			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	By Gift/Award	rage Expense s/Memorials Expense	Office Over Polling Ex Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
The Instruction (Guide explains how to co	USE A NEW PAGE FOR	EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4: 353	2 FILER NAME DUKE W	. Coon			3 FILER ID (Ethics Commission Filers	
4 TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A	CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial institut	5				
6 PAYMENT	(a) Amount Charged	(b) Date Expenditure	Charged	(c) Date(s) Credit Card Issu	uer Paid	
	\$ 804.38	5/28/202	1	5/30/2024		
7 PAYEE	(a) Payee name Blox Med	O .	7401	1 1 1 1 1 1 1	ouston Pkny 77346	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories li	sted at the top of this schedule)	(b) Description	1 1 1 1 1	
Political	Advertisin	a Expense	1	Media Pr	duction-Video	
Non-Political	(c) Check if travel out	side of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder	name	Offi	ice Sought	Office Held	
expenditure to benefit C/OH	Duke W	. Coon	Conv	re Mayor		
PAYMENT	(a) Amount Charged	(b) Date Expenditure	Charged	(c) Date(s) Credit Card Issu	uer Paid	
	\$ 1579.00	4/2/2021	1	6/2/2024		
PAYEE	(a) Payee name CAZ Consu	1 7	720	Laura Lake FT. Wov.	ity, State, Zip Code	
PURPOSE OF	(a) Category (See Categories li		e)	(b) Description	,	
Political	Consulting Expense Campai			Campaia	en Fluers	
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder	name	^	ice Sought	Office Held	
expenditure to benefit C/OH	Duke W.	Coon	('on	ve Mayor		
PAYMENT	(a) Amount Charged	(b) Date Expenditure	Charged	(c) Date(s) Credit Card Issu	uer Paid	
	\$ 400.00	63/202	4	le 3/2021		
PAYEE	(a) Payee name		o) Payee add	dress;	itv. State, Zip Code	
	David Roa	dezn		Con	noe TK 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories li	isted at the top of this schedule	e)	(b) Description		
Political	Advertisin	LA EXPENS	L	Campaign	n Video	
Non-Political	(c) Check if travel ou	tside of Texas. Complete S		Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office Sought					Office Held	
expenditure to benefit C/OH	Duke W.	Coon Co	nroc	Mayor		
				U		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						