

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089899		2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Brent	MI	
	NICKNAME		LAST Coffee	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 668 Round Rock, TX 78680		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/15/2026			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Brent	MI
		NICKNAME		LAST Coffee	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 668 Round Rock, TX 78680			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (737) 398-7328			
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Court Of Criminal Appeals, Judge Place 3	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Coffee, Brent (Mr.)	14 Filer ID (Ethics Commission Filers) 00089899
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,705.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 2,070.81
	4.	TOTAL POLITICAL EXPENDITURES	\$ 11,740.40
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 593.13
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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.

Mr. Brent Coffee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Coffee, Brent (Mr.)		19 Filer ID (Ethics Commission Filers) 00089899
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 12,705.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,668.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 71.95
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/20
2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aborn, Angela <hr/> 6 Contributor address; City; State; Zip Code Steubenville, OH 43952	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation Manager		9 Contributor's Job Title Stewardship and Events Manager
10 Contributor's employer/law firm Franciscan University of Steubeville		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Greg <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76161	Amount of Contribution (\$) \$5.00
Contributor's Principal Occupation Managment		Contributor's Job Title Manager
Contributor's employer/law firm Driven Brands		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bran, Chelsea <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Accountant		Contributor's Job Title Accountant
Contributor's employer/law firm Bran Accounting Services LLC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/20
2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Karan (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Brandon <hr/> Contributor address; City; State; Zip Code Wichita, KS 67235-1420	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Commercial Insurance Underwriting		Contributor's Job Title Agency Managing Director
Contributor's employer/law firm Amerisure		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Brent <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78680	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Attorney General
Contributor's employer/law firm Texas Attorney General's Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/20
2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Brent <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78680	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant Attorney General
10 Contributor's employer/law firm Texas Attorney General's Office		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Kenda <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm N/A (retired)		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Kenda <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm N/A (retired)		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/20
2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Sam <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm N/A (retired)		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Sam <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm N/A retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Sue <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/20
2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flint , Deloris <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Susan <hr/> Contributor address; City; State; Zip Code Childress, TX 79201	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm N/A (retired)		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lucas <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Civil engineering		Contributor's Job Title Civil engineer
Contributor's employer/law firm OJD Engineering		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/20
2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Whitney <hr/> 6 Contributor address; City; State; Zip Code Pampa, TX 79065	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Homemaker		9 Contributor's Job Title Homemaker
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swaffield, Anna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation self-employed		Contributor's Job Title hair stylist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Renee <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/20
2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899
4 Date 08/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Woodway, TX 76712	
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm N/A (retired)		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 11/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 09/01/2025	5 Payee name 7-Eleven	
6 Amount (\$) \$50.82	7 Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2025	Payee name 7-Eleven	
Amount (\$) \$26.99	Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name 7-Eleven	
Amount (\$) \$61.71	Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 12/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 11/11/2025	5 Payee name 7-Eleven	
6 Amount (\$) \$45.42	7 Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name 7-Eleven	
Amount (\$) \$42.49	Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2025	Payee name 7-Eleven	
Amount (\$) \$50.66	Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 13/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 11/21/2025	5 Payee name 7-Eleven	
6 Amount (\$) \$56.18	7 Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name 7-Eleven	
Amount (\$) \$43.52	Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name 7-Eleven	
Amount (\$) \$39.74	Payee address; City; State; Zip Code 4410 Sunrise Rd. Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel expense driving to gather petition signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 14/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 08/13/2025	5 Payee name Anedot	
6 Amount (\$) \$104.90	7 Payee address; City; State; Zip Code 3723 Greenville Ave, Suite Suite 41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electronic transaction fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 3723 Greenville Ave, Suite Suite 41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electronic transaction fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 3723 Greenville Ave, Suite Suite 41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electronic transaction fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 15/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 09/14/2025	5 Payee name Anedot	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 3723 Greenville Ave, Suite Suite 41002 Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electronic transaction fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Capitol Promotions Inc.	
Amount (\$) \$1,172.00	Payee address; City; State; Zip Code P.O. Box 231 Glenside, PA 19038	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign materials/bumper stickers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name Midtown Printing and Graphics	
Amount (\$) \$1,851.68	Payee address; City; State; Zip Code 4605 W Loop 289 Lubbock, TX 79414	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign materials (pushcards, pop-up banners)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 16/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 09/26/2025	5 Payee name Moody Gardens Hotel Spa and Convention Center	
6 Amount (\$) \$309.35	7 Payee address; City; State; Zip Code One Hope Boulevard Galveston, TX 77554	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel/lodging traveling to gather petition signatures at a gun show
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2025	Payee name Moody Gardens Hotel Spa and Convention Center	
Amount (\$) \$6.50	Payee address; City; State; Zip Code One Hope Boulevard Galveston, TX 77554	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal/food while at event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Moody Gardens Hotel Spa and Convention Center	
Amount (\$) \$44.67	Payee address; City; State; Zip Code One Hope Boulevard Galveston, TX 77554	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal at convention center hotel while traveling to gather petition signatures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 17/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 12/08/2025	5 Payee name Republican Party of Texas	
6 Amount (\$) \$3,750.00	7 Payee address; City; State; Zip Code 807 Brazos Street Suite 701 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Ryan Data & Research	
Amount (\$) \$412.00	Payee address; City; State; Zip Code P.O. BOX 202675 Austin, TX 78720	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign fundraising lists
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2025	Payee name Southwest Airlines	
Amount (\$) \$730.95	Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense airline ticket to attend gun show in El Paso, Texas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 18/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 10/24/2025	5 Payee name The Plaza Hotel Pioneer Park	
6 Amount (\$) \$738.16	7 Payee address; City; State; Zip Code 106 W. Mills Avenue El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel lodging and meals/food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2025	Payee name The Plaza Hotel Pioneer Park	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 106 W. Mills Avenue El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal/food while traveling
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 19/20		2 FILER NAME Coffee, Brent (Mr.)		3 Filer ID (Ethics Commission Filers) 00089899	
4 Date 10/24/2025		5 Payee name Uber Technologies			
6 Amount (\$) \$24.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber ride for travel	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/25/2025		Payee name Uber Technologies			
Amount (\$) \$15.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber ride for travel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/25/2025		Payee name Uber Technologies			
Amount (\$) \$16.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber ride for travel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 20/20	2 FILER NAME Coffee, Brent (Mr.)	3 Filer ID (Ethics Commission Filers) 00089899
4 Date 10/26/2025	5 Payee name Uber Technologies	
6 Amount (\$) \$14.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1725 3rd Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber ride for travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held