

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DOUGLAS	MI L	OFFICE USE ONLY				
	NICKNAME DOUG	LAST KOPF	SUFFIX	Date Received <i>Y15/2026</i> <i>Vicki Miller</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2713 COUNTY ROAD 2998 WINDOM, TX 75492				Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 249-6138	EXTENSION	Receipt # Amount \$				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST SAME	MI	Date Processed <i>Y15/2026</i> Date Imaged				
	NICKNAME	LAST	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;				STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION					
9 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)
10 PERIOD COVERED	Month 7	Day 16	Year 25	THROUGH	Month 1	Day 15	Year 26	
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month 11	Day 3	Year 26	<input type="checkbox"/>	Primary	<input type="checkbox"/>	Runoff	<input type="checkbox"/>
12 OFFICE	OFFICE HELD (if any) COMMISSIONER PCT 4			13 OFFICE SOUGHT (if known) COMMISSIONER PCT 4				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						
	COMMITTEE ADDRESS							
	COMMITTEE CAMPAIGN TREASURER NAME							
	COMMITTEE CAMPAIGN TREASURER ADDRESS							

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15 C/OH NAME	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)	\$ 500.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 3,370.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,060.16
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

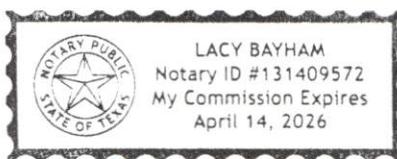
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Doug Kopf this the 15th day of January,

20 20, to certify which, witness my hand and seal of office.

L. Bayham

Lacy Bayham

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 DOUGLAS L. KOPF	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,370.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 DOUGLAS L. KOPF			3 Filer ID (Ethics Commission Filers)
4 Date 11/20/20	5 Full name of contributor WALTER L. GOODWATER, III	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
6 Contributor address; 700 CR 1410, BONHAM, TX 75418		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	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.			

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule F1:	2 FILER NAME DOUGLAS L. KOPF	3 Filer ID (Ethics Commission Filers)	
4 Date 12/02/2025	5 Payee name FANNIN COUNTY LEADER		
6 Amount (\$) 10.00	7 Payee address; 224 N MAIN ST, BONHAM, TX 75418	City; State; Zip Code	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description ADS IN NEWSPAPER	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DOUGLAS L. KOPF	Office sought COMMISSIONER PCT 4	Office held COMMISSIONER PCT 4
Date 12/22/2025	Payee name FANNIN COUNTY LEADER		
Amount (\$) 2,610.00	Payee address; 224 N MAIN ST, BONHAM, TX 75418	City; State; Zip Code	
Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ADS IN NEWSPAPER	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DOUGLAS L. KOPF	Office sought COMMISSIONER PCT 4	Office held COMMISSIONER PCT 4
Date 11/17/2025	Payee name FANNIN COUNTY COUNTY REPUBLICAN PARTY		
Amount (\$) 750.00	Payee address; PO BOX 83, RANDOLPH, TX 75475	City; State; Zip Code	
Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CANDIDATE FILING FEE	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DOUGLAS L. KOPF	Office sought COMM PCT 4	Office held COMM PCT 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED