

# 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  Date Received 07-14-25 by Angela Frazin		
	NICKNAME DOUG	LAST KOPF	SUFFIX			
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  Receipt #      Amount \$  Date Processed 07-14-25 Date Imaged		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 903 )	PHONE NUMBER 249-6138	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR SAME	FIRST	MI			
	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 SAME	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 1	Day 16	Year 25	Month 7	Day 15	Year 25
11 ELECTION	ELECTION DATE Month 11 / Day 3 / Year 26	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) <b>COMMISSIONER PCT 4</b>			13 OFFICE SOUGHT (if known)		
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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

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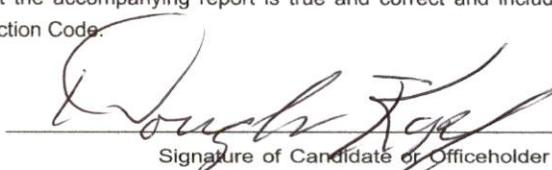
## FORM C/OH COVER SHEET PG 2

15 C/OH NAME  
DOUGLAS LYNN KOPF

16 Filer ID (Ethics Commission Filers)

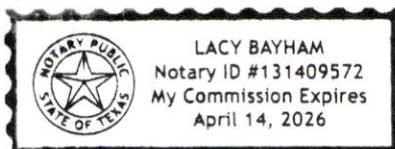
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,930.16
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Douglas Kopf this the 12<sup>th</sup> day of July,  
20 25, to certify which, witness my hand and seal of office.

R. Beeghur  
Signature of officer administering oath

Lacy Bayham  
Printed name of officer administering oath

Notary  
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)

