

TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

		09-21-2023
	raising a defense to a late filing.	by angela trajen
You must complete either Ju	ural i or Jural 2 delow.	0 - 8 - 3 - 3 - 3
DÖÜĞLAS L. KOPF	Filer ID#	
		Date Postmarked
I swear, or affirm, under penalty of perjury, that the fo	ollowing statement is in all things	Date Processed
true and correct: This statement is filed for the PAIGN FINANCE.	09-21-2023	
(type of report))	Document#
JULY 17, 2023 . I learned that the report v	(date)	
by TÄMMY BIGGER, COUNTY O	CLERK	
(how file	er learned the report was late)	
The reasons for requesting a waiver or reduction are		
I WAS OUT OF TOWN IN COM	MISSIONER TRAININ	NG ON THE 17TH OF
JULY, AND UNABLE TO FILE.		
Please complete either option below:		
(1) Affidavit AMBER STAPLEFORD	× ./	
Notary ID #133516177 My Commission Expires		Signature of Filer
NOTAR STAND SEAL January 4, 2026	N N LaCoural	
Sworn to and subscribed before me by	-21 Amnu Stapletora	218 day of Jeptember,
20, to certify which, witness my hand and seal of of	fice.	•
A Chrosolands Aulmin	tomber istable ford	Loan Assistant
Signature of officer administering bath Prin	nted name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My address is	, and my date of birth is	*

County, State of _____, on the ____ day of ___

(city)

(date)

(state)

(month)

Signature of Filer (Declarant)

(country)

(year)

(ZIP code)

OFFICE USE ONLY

Date Received

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this fo	T Filer ID (Ethics Commission Filers	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	SLAS L	OFFICE USE ONLY	
NAME	DOUG KOPF	SUFFIX	Date Received 09-21-2023 by angula Frazin	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2713 CR 2998, WIN		my ungela Juster	
Change of Address	AREA CODE PHONE NUMBER	EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	(903) 249-6138	EXTENSION	Date Hand-delivered or Date Postmarked 09-21-2023 Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	GLAS L	Date Processed	
NAME	NICKNAME LAST	SUFFIX	09-21-2023	
	DOUG KOPF	-	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	SAME	APT / SUITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	() SAME			
9 REPORT TYPE	January 15 30th dag	y 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	Month Day Year	Month		
COVERED	1 / 16 / 23	THROUGH 7	/ 15 / 23	
11 ELECTION	ELECTION DATE	ELECTION TY	PE	
	Month Day Year	Primary Runoff Other Description		
	11 / 1 / 22	General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)			
	COMMISSIONER F	-014	<u> </u>	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOLDER. THESE EXPL	IBUTIONS ACCEPTED OR POLITICAL EXPENDITURES ENDITURES MAY HAVE BEEN MADE WITHOUT THE CA RRE REQUIRED TO REPORT THIS INFORMATION ONLY	ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRE	ESS		
	SPECIFIC COMMITTEE CAMPA	AIGN TREASURER NAME		
	COMMITTEE CAMP	AIGN TREASURER ADDRESS		
GO TO PAGE 2				
1	G	U IU FAGE Z		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME DOUGLAS L. KOPF		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	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)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 1,530.16		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00		
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information		
	Signature of Ca	andidate of Officeholder		
	Please complete either option below	<i>r.</i>		
(1) Affidavit	AMBER STAPLEFORD Notary ID #133516177 My Commission Expires January 4, 2026			
Sworn to and subscribed	before me by AMOUNTAOUFON this the	218 day of Veptember.		
A 1	which, witness my hand and seal of office.	Laan Amidant		
Signature of officer administering of the Printed name of officer administering oath Title of officer administering oath				
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is	·		
My address is	(street) (city) (street)	state) (zip code) (country)		
Executed in	County, State of , on the day of (month	, , , , , , , , , , , , , , , , , , , ,		

Signature of Candidate/Officeholder (Declarant)