



TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

Complete this form if you are raising a defense to a late filing.
You must complete either Jurat 1 or Jurat 2 below.

OFFICE USE ONLY	
Date Received	09-21-2023 by Angela Brazier
Date Postmarked	
Date Processed	09-21-2023
MID #	
Document #	

Filer Name DOUGLAS L. KOPF	Filer ID #
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I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct:

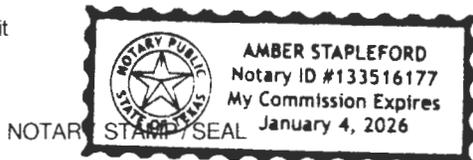
This statement is filed for the PAIGN FINANCE REI report due on
(type of report)
JULY 17, 2023. I learned that the report was late on SEPT 21, 2023
(report due date) (date)
by TAMMY BIGGER, COUNTY CLERK
(how filer learned the report was late)

The reasons for requesting a waiver or reduction are (attach additional pages if necessary):

I WAS OUT OF TOWN IN COMMISSIONER TRAINING ON THE 17TH OF JULY, AND UNABLE TO FILE.

Please complete either option below:

(1) Affidavit



Douglas Kopf
Signature of Filer

Sworn to and subscribed before me by September 21 Amber Stapleford this the 21st day of September
20 23, to certify which, witness my hand and seal of office.

Amber Stapleford Signature of officer administering oath
Amber Stapleford Printed name of officer administering oath
Loan Assistant Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (country) (ZIP code)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(date) (month) (year)

Signature of Filer (Declarant)

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: _____ FIRST: DOUGLAS MI: L NICKNAME: DOUG LAST: KOPF SUFFIX: _____	OFFICE USE ONLY Date Received <i>09-21-2023</i> <i>by Angela Frazer</i> <hr/> Date Hand-delivered or Date Postmarked <i>09-21-2023</i> Receipt # _____ Amount \$ _____ Date Processed <i>09-21-2023</i> Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 2713 CR 2998, WINDOM, TX 75492 Change of Address _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (903) PHONE NUMBER: 249-6138 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: DOUGLAS MI: L NICKNAME: DOUG LAST: KOPF SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ SAME (Residence or Business)		
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: 23 THROUGH Month: 7 Day: 15 Year: 23		
11 ELECTION	ELECTION DATE: Month: 11 Day: 1 Year: 22 ELECTION TYPE: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description: _____ <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) COMMISSIONER PCT 4	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: _____ GENERAL _____ SPECIFIC _____	COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____	

GO TO PAGE 2

