

# 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: **5**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>					
	NICKNAME	LAST	SUFFIX						
Mrs.		Bobbie	B	Date Received					
Koepp					Date Hand-delivered or Date Postmarked				
1818 Palace Drive		CITRAL COUNTY ELECTION							
New Braunfels, Texas 78130		JUL 3 '24 PM2:47			Receipt #	Amount \$			
Change of Address					Date Processed				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged					
	( 830 )	660-7925							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI						
	NICKNAME	LAST	SUFFIX						
Mrs.		Mary	L.						
Brown									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	765 Sunshadow			New Braunfels, Texas	78130				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	( 830 )	708-6178							
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	Day	Year	THROUGH	Month	Day	Year		
		1	16	24			7	15	24
11 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description			
		/	/	<input type="checkbox"/> General	<input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)					
	County Clerk			County Clerk					
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	COMMITTEE NAME							
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS							
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Bobbie B. Koepf		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 934.43
<b>OUTSTANDING LOAN TOTALS</b>	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 \_\_\_\_\_ 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

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**

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 0.24

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

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 K: <b>2</b>
2 FILER NAME <b>Bobbie B. Koepf</b>		3 Filer ID (Ethics Commission Filers)
4 Date  01/31/2024	5 Name of person from whom amount is received <b>Randolph Brooks Federal Credit Union</b> ----- 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	8 Amount (\$)  <b>0.04</b>
7 Purpose for which amount is received Interest earned on Checking Account		Check if political contribution returned to filer
Date  02/29/2024	Name of person from whom amount is received <b>Randolph Brooks Federal Credit Union</b> ----- Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	Amount (\$)  <b>0.04</b>
Purpose for which amount is received		Check if political contribution returned to filer
Date  03/30/2024	Name of person from whom amount is received <b>Randolph Brooks Federal Credit Union</b> ----- Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	Amount (\$)  <b>0.04</b>
Purpose for which amount is received		Check if political contribution returned to filer
Date  04/30/2024	Name of person from whom amount is received <b>Randolph Brooks Federal Credit Union</b> ----- Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	Amount (\$)  <b>0.04</b>
Purpose for which amount is received		Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

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 K: <b>2</b>
2 FILER NAME <b>Bobbie B. Koepp</b>		3 Filer ID (Ethics Commission Filers)
4 Date  05/31/2024	5 Name of person from whom amount is received <b>Randolph Brooks Federal Credit Union</b> ..... 6 Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 2097 Universal City, Texas 78148-2097</b>	8 Amount (\$)  <b>0.04</b>
	7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> <b>Interest earned on Checking Account</b>	
Date  06/30/2024	Name of person from whom amount is received <b>Randolph Brooks Federal Credit Union</b> ..... Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 2097 Universal City, Texas 78148-2097</b>	Amount (\$)  <b>0.04</b>
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	
Date	Name of person from whom amount is received ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**