

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:
6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Bobbie	MI B.	OFFICE USE ONLY
	NICKNAME	LAST Koepf	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1818 Palace Drive, New Braunfels, Texas 78130			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 660-7925	EXTENSION	COMAL COUNTY ELECTION Date Paid-Delivered: Date Postmarked JAN 16 '24 PM2:05
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Mary	MI L.	Receipt #
	NICKNAME	LAST Brown	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 765 Sunshadow, New Braunfels, Texas 78130			
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 708-6178	EXTENSION	Date Processed
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 Day Year 7 / 16 / 23		THROUGH	Month Day Year 1 / 15 / 24
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) County Clerk		13 OFFICE SOUGHT (if known) County Clerk	
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	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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15 C/OH NAME Bobbie B. Koepf		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. 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 LAST DAY OF REPORTING PERIOD	\$ 934.19
OUTSTANDING LOAN TOTALS	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.

Bobbie B. Koepf

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bobbie Koepf this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

Donna Dandridge Donna Dandridge Deputy Clerk
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 Bobbie B. Koepf		20 Filer ID (Ethics Commission Filers)
21 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		\$ 175.00
12. ■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.26

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 1	2 FILER NAME Bobbie B. Koepf	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2024	5 Payee name Bobbie B. Koepf, Campaign Fund	
6 Amount (\$) 175.00	7 Payee address; City State Zip Code 1818 Palace Drive New Braunfels, Texas 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Accidentally paid personal credit card account with campaign fund	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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: 2
2 FILER NAME Bobbie B. Koepf		3 Filer ID (Ethics Commission Filers)
4 Date 06/2023	5 Name of person from whom amount is received Randolph Brooks Federal Credit Union 6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	8 Amount (\$) 0.04
7 Purpose for which amount is received Check if political contribution returned to filer Interest earned on Checking Account		
Date 07/2023	Name of person from whom amount is received Randolph Brooks Federal Credit Union Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	Amount (\$) 0.04
Purpose for which amount is received Check if political contribution returned to filer Interest earned on Checking Account		
Date 08/2023	Name of person from whom amount is received Randolph Brooks Federal Credit Union Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	Amount (\$) 0.04
Purpose for which amount is received Check if political contribution returned to filer Interest earned on Checking Account		
Date 09/2023	Name of person from whom amount is received Randolph Brooks Federal Credit Union Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	Amount (\$) 0.04
Purpose for which amount is received Check if political contribution returned to filer Interest earned on Checking Account		

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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: 2
2 FILER NAME Bobbie B. Koepp		3 Filer ID (Ethics Commission Filers)
4 Date 10/2023	5 Name of person from whom amount is received Randolph Brooks Federal Credit Unio	8 Amount (\$) 0.04
	6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	
7 Purpose for which amount is received Interest earned on Checking Account		Check if political contribution returned to filer
Date 11/2023	Name of person from whom amount is received Randolph Brooks Federal Credit Union	Amount (\$) 0.03
	Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	
Purpose for which amount is received Interest earned on Checking Account		Check if political contribution returned to filer
Date 12/2023	Name of person from whom amount is received Randolph Brooks Federal Credit Union	Amount (\$) 0.03
	Address of person from whom amount is received; City; State; Zip Code P.O. Box 2097 Universal City, Texas 78148-2097	
Purpose for which amount is received Interest earned on Checking Account		Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		Check if political contribution returned to filer

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