

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>MR.</b> FIRST: <b>Michael</b> MI: <b>0</b> NICKNAME: _____      LAST: <b>Hopkins</b> SUFFIX: _____	<div style="text-align: center; border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> Date Received: <b>NOV 16 AM 10:26</b> Date Hand-delivered or Date Postmarked: _____ Receipt #: _____      Amount \$: _____ Date Processed: <b>11-16-23</b> Date Imaged: _____ <i>REC'D [Signature]</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: <b>280 P.R. 5505</b> APT / SUITE #: _____      CITY: <b>Point</b> STATE: <b>TX</b> ZIP CODE: <b>75472</b> <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(469)</b> PHONE NUMBER: <b>271-6507</b> EXTENSION: <b>N/A</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MRS.</b> FIRST: <b>Kristi</b> MI: <b>M</b> NICKNAME: _____      LAST: <b>Hopkins</b> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): <b>280 P.R. 5505</b> APT / SUITE #: _____      CITY: <b>Point</b> STATE: <b>TX</b> ZIP CODE: <b>75472</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(214)</b> PHONE NUMBER: <b>280-6243</b> EXTENSION: <b>N/A</b>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>12 / 11 / 2023</b> <b>3 / 5 / 2024</b>		
<b>11 ELECTION</b>	ELECTION DATE: Month      Day      Year <b>3 / 5 / 2024</b>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any): <b>Sheriff</b>	<b>13 OFFICE SOUGHT (if known): SAME</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____      COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____	

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Michael Hopkins 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.	\$ 2,837.77
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,837.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
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.

  
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

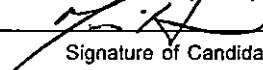
OR

**(2) Unsworn Declaration**

My name is Michael Hopkins, and my date of birth is 11/04/1976.

My address is 280 P.R. 280, Point, Tx, 75472, U.S.  
(street) (city) (state) (zip code) (country)

Executed in Rains County, State of Texas, on the 7 day of November, 2023.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Michael Hopkins</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,837.77
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00