

# 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>4</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr</b> FIRST: <b>Jerry</b> MI: <b>Z</b> ----- NICKNAME:      LAST: <b>Cooper</b> SUFFIX:	<div style="text-align: center; border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> <p>Date Received</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>FILED FOR RECORD JAN 12 2024 2:05 o'clock P.M.</p> <p>YES, I HAVE RECEIVED THIS REPORT FRANKLIN COUNTY ELECTIONS ADMINISTRATOR <i>Stacy...</i> DEPUTY</p> </div> <p>Date Hand-delivered or Date Mailed:      Date Digitally Marked:</p> <p>Receipt:      Amount:</p> <p>Date Processed:</p> <p>Date Imaged:</p>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE: <b>6835 Tx Hwy 37N Talco Tx 75487</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE:      PHONE NUMBER:      EXTENSION: <b>(903) 575 8439</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR:      FIRST: <b>Jerry</b> MI: <b>Z</b> ----- NICKNAME:      LAST: <b>Cooper</b> SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE: <b>6835 Tx Hwy 37N Talco Tx 75487</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE:      PHONE NUMBER:      EXTENSION: <b>(903) 575 8439</b>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>7 / 1 / 2023</b> <b>12 / 31 / 2023</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>3 / 5 / 24</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>FRANKLIN County Commissioner Prec 1</b> <b>13 OFFICE SOUGHT (if known)</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.		
Additional Pages  <b>NA</b>	COMMITTEE TYPE	COMMITTEE NAME <b>NA</b>	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> <i>Jerry Cooper</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$ 750 <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 750 <sup>00</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*Jerry Cooper*  
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 *Jerry Cooper* and my date of birth is *9-16-1959*  
 My address is *6838 TX Hwy 3714* *Texas* *Tx* *75407* *Franklin*  
(street) (city) (state) (zip code) (country)  
 Executed in *Franklin* County, State of *TEXAS*, on the *12* day of *January*, 20 *24*  
(month) (year)  
*Jerry Cooper*  
 Signature of Candidate/Officeholder (Declarant)

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2** FILER NAME **Jerry Cooper** 3 Filer ID (Ethics Commission Filer)

4 Date **11/13/23** 5 Payee name **Republican Party**

6 Amount (\$) **150.00** 7 Payee address **Franklin County** City: **Mt. Vernon** State: **Tx** Zip Code: **75857**  
Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Fees** (b) Description **Filing fee**  
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **Jerry Cooper** Office sought **FC Commissioner Prec 1** Office held

Date Payee name

Amount (\$) Payee address: City: State: Zip Code  
Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address: City: State: Zip Code  
Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule); Description  
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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

**APPLICATION FOR A PLACE ON THE GENERAL PRIMARY BALLOT**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of applicati

**APPLICATION FOR A PLACE ON THE** Republican **PARTY GENERAL PRIMARY BALLOT**  
 To: State/County Chair (Democratic or Republican)  
 I request that my name be placed on the above-named official primary ballot as a candidate for nomination to the office indicated below.

<b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any) <u>Franklin Co Commissioner Prec 1</u>		<b>INDICATE TERM</b> <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED		<b>INCUMBENT DECLARATION:</b> (Check this box if you are the incumbent.) INCUMBENT <input checked="" type="checkbox"/>	
<b>FULL NAME</b> (First, Middle, Last) <u>Jerry Zack Cooper</u>			<b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b> <u>Jerry Cooper</u>		
<b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>6835 Tx Hwy 37N</u>			<b>PUBLIC MAILING ADDRESS (Optional)</b> (Address for which you receive campaign related correspondence, if available.)		
<b>CITY</b> <u>TALCO</u>	<b>STATE</b> <u>Tx</u>	<b>ZIP</b> <u>75427</u>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

<b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)	<b>OCCUPATION</b> (Do not leave blank) <u>Prec 1 Commissioner</u>	<b>DATE OF BIRTH</b> <u>09 / 16 / 1959</u>	<b>VOTER REGISTRATION VOID NUMBER<sup>2</sup> (Optional)</b> <u>1021497451</u>
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**TELEPHONE CONTACT INFORMATION (Optional)**  
 Home: Office: 903 632 4566 Cell: 903 575 8439

<b>FELONY CONVICTION STATUS (You MUST check one)</b> <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>	<b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS</b> <u>64</u> year(s) <u>2</u> month(s)	<b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b> <u>64</u> year(s) <u>2</u> month(s)
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\*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Jerry Cooper, who being by me here and now duly sworn, upon oath says:  
 "I, (name of candidate) Jerry Cooper of Franklin County, Texas, being a candidate for the office of Franklin Co Commissioner Precinct 1, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."

**X** Jerry Cooper  
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 13 day of November, 2023, by Jerry Cooper  
 (day) (month) (year) (name of candidate)

Janet Lynn Middleton  
 Signature of Officer Authorized to Administer Oath<sup>4</sup>  
Notary  
 Title of Officer Authorized to Administer Oath

Janet Lynn Middleton  
 Printed Name of Officer Authorized to Administer Oath  
 NOTARY PUBLIC  
 STATE OF TEXAS  
 ID # 12495224-8  
 My Comm. Expires 06-09-2024

**TO BE COMPLETED BY CHAIR OR SECRETARY OF THE COUNTY EXECUTIVE COMMITTEE. THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE PAID BY:**  
 CASH  CHECK  MONEY ORDER  CASHIERS CHECK OR  PETITION IN LIEU OF A FILING FEE  Voter Registration Status Verified  
 This document and \$ 750 filing fee or a nominating petition of \_\_\_\_\_ pages received. (See Section 1.007)  
11/13/2023  
 Date Filed  
11/13/2023 or \_\_\_\_\_  
 Date Accepted Date Rejected

Charlie Welborn  
 Signature of Chair or Designee Receiving Filed Application  
Charlie Welborn  
 Signature of Chair or Secretary Upon Determination of Application