

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                             |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1</b> Filer ID (Ethics Commission Filers)                                                                                                                                                   | <b>2</b> Total pages filed: |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                                                                          | MS / MRS / MR: <u>Mr</u><br>NICKNAME: _____<br>FIRST: <u>Cooper</u><br>LAST: <u>Gill</u><br>MI: <u>C</u><br>SUFFIX: _____                                                                                                                                                                                                                                                                                                            | <b>OFFICE USE ONLY</b><br><br>Date Received: <u>4/26/24</u><br>Date Hand-delivered or Date Postmarked: _____<br>Receipt # _____ Amount \$ _____<br>Date Processed: _____<br>Date Imaged: _____ |                             |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small>                                           | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>Salado TX 76571</u>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                |                             |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                                                                         | AREA CODE: <u>(972)</u> PHONE NUMBER: <u>8325721</u> EXTENSION: _____                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                |                             |
| <b>6</b> CAMPAIGN TREASURER NAME                                                                                                | MS / MRS / MR: <u>MRS</u><br>NICKNAME: _____<br>FIRST: <u>Valerie</u><br>LAST: <u>Gill</u><br>MI: <u>K</u><br>SUFFIX: _____                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                |                             |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>Salado, TX 76571</u>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                |                             |
| <b>8</b> CAMPAIGN TREASURER PHONE                                                                                               | AREA CODE: <u>(254)</u> PHONE NUMBER: <u>721-1530</u> EXTENSION: _____                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                |                             |
| <b>9</b> 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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                                                                                                                                                                                |                             |
| <b>10</b> PERIOD COVERED                                                                                                        | Month      Day      Year      THROUGH      Month      Day      Year<br><u>4</u> / <u>5</u> / <u>24</u> THROUGH <u>4</u> / <u>26</u> / <u>24</u>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                             |
| <b>11</b> ELECTION                                                                                                              | ELECTION DATE:      ELECTION TYPE:<br>Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>5</u> / <u>4</u> / <u>24</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special      _____                                                                                                                                |                                                                                                                                                                                                |                             |
| <b>12</b> OFFICE                                                                                                                | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>13</b> OFFICE SOUGHT (if known)<br><u>Salado ISD School Board</u>                                                                                                                           |                             |
| <b>14</b> 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.                                              |                                                                                                                                                                                                |                             |
| COMMITTEE TYPE:<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br>Additional Pages: _____ | COMMITTEE NAME: _____<br>COMMITTEE ADDRESS: _____<br>COMMITTEE CAMPAIGN TREASURER NAME: _____<br>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>            |                                                                                                                                       | <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) | \$ 0.00                                       |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 0.00                                       |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 48.98                                      |
|                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 300.98                                     |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 0.00                                       |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                            |

**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 Cooper Gill, 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 FILER NAME</b><br>Cooper Gill              |                                                                                                 | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                 | <b>SUBTOTAL AMOUNT</b>                        |
| 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.                                               | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD               | \$ 300.98                                     |
| 9.                                               | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 300.98                                     |
| 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              | \$                                            |

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| 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)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|                                        |                                    |                                              |
|----------------------------------------|------------------------------------|----------------------------------------------|
| <b>1 TOTAL PAGES</b><br>SCHEDULE F4: 1 | <b>2 FILER NAME</b><br>Cooper Gill | <b>3 FILER ID (Ethics Commission Filers)</b> |
|----------------------------------------|------------------------------------|----------------------------------------------|

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b> | \$ 48.98 |
|--------------------------------------------------------------------|----------|

|                             |                                              |
|-----------------------------|----------------------------------------------|
| <b>5 CREDIT CARD ISSUER</b> | Name of financial institution<br>Capital One |
|-----------------------------|----------------------------------------------|

|                  |                                 |                                            |                                                   |
|------------------|---------------------------------|--------------------------------------------|---------------------------------------------------|
| <b>6 PAYMENT</b> | (a) Amount Charged<br>\$ 252.00 | (b) Date Expenditure Charged<br>04/22/2024 | (c) Date(s) Credit Card Issuer Paid<br>04/25/2024 |
|------------------|---------------------------------|--------------------------------------------|---------------------------------------------------|

|                |                                            |                                                                              |
|----------------|--------------------------------------------|------------------------------------------------------------------------------|
| <b>7 PAYEE</b> | (a) Payee name<br>Salado Village VOice INC | (b) Payee address; City, State, Zip Code<br>P.O. BOX 587<br>SALADO, TX 76571 |
|----------------|--------------------------------------------|------------------------------------------------------------------------------|

|                                                                                                                            |                                                                                                                                                               |                                               |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>8 PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                       | (b) Description<br>Village voice newspaper ad |
|                                                                                                                            | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                               |

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                |                          |                              |                                     |
|----------------|--------------------------|------------------------------|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|----------------|--------------------------|------------------------------|-------------------------------------|

|              |                |                                          |
|--------------|----------------|------------------------------------------|
| <b>PAYEE</b> | (a) Payee name | (b) Payee address; City, State, Zip Code |
|--------------|----------------|------------------------------------------|

|                                                                                                               |                                                                                                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)                                                                                              | (b) Description |
|                                                                                                               | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

|                |                          |                              |                                     |
|----------------|--------------------------|------------------------------|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|----------------|--------------------------|------------------------------|-------------------------------------|

|              |                |                                          |
|--------------|----------------|------------------------------------------|
| <b>PAYEE</b> | (a) Payee name | (b) Payee address; City, State, Zip Code |
|--------------|----------------|------------------------------------------|

|                                                                                                               |                                                                                                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)                                                                                              | (b) Description |
|                                                                                                               | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                 |

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                      |                                                                                                                    |                                                        |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br>1                                                                | <b>2</b> FILER NAME<br>Cooper Gill                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)           |
| <b>4</b> Date<br>04/25/2024                                                                          | <b>5</b> Payee name<br>Capital One Credit Card                                                                     |                                                        |
| <b>6</b> Amount (\$)<br>300.98<br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br>1680 Capital One Drive<br>McLean, VA 22102-3491                   |                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Credit Card Payment                     | <b>(b)</b> Description<br>Payment for campaign expense |
|                                                                                                      | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                                        |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                  | Candidate / Officeholder name                                                                                      | Office sought Office held                              |
| Date                                                                                                 | Payee name                                                                                                         |                                                        |
| Amount (\$)<br><small>Reimbursement from political contributions intended</small>                    | Payee address; City; State; Zip Code                                                                               |                                                        |
| <b>PURPOSE OF EXPENDITURE</b>                                                                        | 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 <u>ONLY</u> if direct expenditure to benefit C/OH                                           | Candidate / Officeholder name                                                                                      | Office sought Office held                              |
| Date                                                                                                 | Payee name                                                                                                         |                                                        |
| Amount (\$)<br><small>Reimbursement from political contributions intended</small>                    | Payee address; City; State; Zip Code                                                                               |                                                        |
| <b>PURPOSE OF EXPENDITURE</b>                                                                        | 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 <u>ONLY</u> if direct expenditure to benefit C/OH                                           | Candidate / Officeholder name                                                                                      | Office sought Office held                              |

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