

CA P A G F A C E REPORT

COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

The C/OH Instruction Guide explains how to complete this form.

RECEIVED

Board of Ed n

NICKNAME

LAST

SUFFIX

SIMS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

STATE; ZIP CODE

☐ Change of Address

76119

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

or Date Postmarked

(817) 688-4866

7-2 1

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MI

Receipt #

Amount \$

4

Date Processed

CA D DATE / OFF CE OLDER
CAMPA G F NA CE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

T A - S - M S

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM

COMMITTEE TYPE COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ Additional Pages

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

TOTAL POLITICAL CONTRIBUTIONS

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

7

TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

POLITICAL

TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

0.00

SUBTOTALS - C/O

FORM C/OH COVER SHEET PG 3

19 FILER NAME

T. A. Sims

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT



SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 7 50

2.



SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3.

SCHEDULE B: REVERSED CONTRIBUTIONS

\$

4.

\$ 4725.00



SCHEDULE E: LOANS

\$ 7035.29

SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

7.

SCHEDULE F2: 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

\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 6(a)

Advertising Expense
Apprenticeship/Training

Event Expense
Fees

Loan Repayment/Reimbursement
Gifts/Grants/Board Expenses

Solicitation/Fundraising Expense
Transportation/Travel/Related Expenses

1 Total from Schedule F1

2 Filer ID (Ethics Commission Filer)

The Instruction Guide explains how to complete this form.

2

E

Simmons

5 P

e

His Allen

4 Date

300.00

8/27/17

PURPOSE
OF
EXPENDITURE

Contributions/Donations Made By

Gift/Awards/Memorials Expense

Printing Expense

Travel Out Of District

PURPOSE
OF

OF

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form

1 Total pages Schedule E

3 Filer ID (Ethics Commission Filers)

\$

9 Loan Amount (\$)

10 Interest rate

11 Maturity date

2 FILER NAME

T. A. Sims

4 TOTAL OF UNITEMIZED LOANS

5 Date of loan

1-1-13

7 Name of lender

☐ out-of-state PAC (ID#

6 Is lender
a financial
institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

15 Check if personal funds were deposited into political
account (See Instructions)

☐

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

3-14-17

Name of lender

T. A. Sims

☐ out-of-state PAC (ID#

4

Is lender

Lender address;

City;

State;

Zip Code

Interest rate

+

Self-Retired

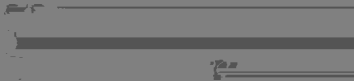
GUARANTOR
INFORMATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/O - FR

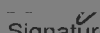
The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 

2 Filer ID (Ethics Commission Filers)

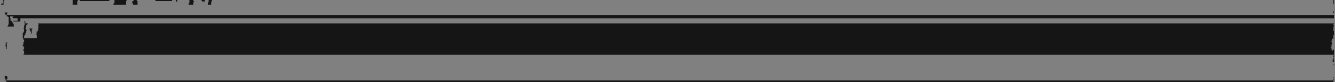
3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

~~Complete 1-3 below only if you are not an officeholder~~



~~I do not have unexpended contributions or unexpended interest or income earned from political contributions~~

~~I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to~~

A. CAMPAIGN FUNDS

~~Check only one:~~



B. ASSETS

~~Check only one:~~



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1

2 FILER N

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

0.00

7-25

Smith D

5000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PAYMENT MADE FROM POLITICAL CONTR BUT ONS TO A BUS NESS OF C/OH

SCHEDULE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Casualty Expense

Event Expense
Fees
Food/Beverage Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel Expense

2 FILER NAME

8

(a) Category (See Categories listed at the top of this schedule) (b) Description

PURPOSE

OF
EXPENDITURE

Contributions/Donations Made By
Candidate/Committee/Political Committee

Gift/Awards/Memorials Expense
Legal Services

Printing Expense
Salaries/Wages/Contract Labor

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense.
Travel Outside of State
Other (select a category not listed above)

Category (See Categories listed at the top of this schedule)

PURPOSE

OF
EXPENDITURE

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Date of Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H

3 Filer ID (Ethics Commission Filers)

4 Date

5 Business name

6 Amount (\$)

7 Business address: City, State, Zip Code

Category (See Categories listed at the top of this schedule)

Description

PURPOSE

OF
EXPENDITURE

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking

Event Expense
Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses

2 FILER NAME

7 Amount (\$)

9 TYPE OF

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

10

PURPOSE
OF
EXPENDITURE

☐ Check if Austin, TX, officeholder living expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Gift/Awards/Memorials Expense
Legal Services

Printing Expense
Salaries/Wages/Contract Labor

Travel Out Of District
Other (enter a category not listed above)

Date

The Instruction Guide explains how to complete this form.

11 Telephone Number (EA)

2 Filer ID/Phone Number (EA)

1

TYPE OF

Date

5 Date
PURPOSE
OF
EXPENDITURE

6 Payee name

8 Payee address; City; State; Zip Code

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

3 Filer ID (Ethics Commission Filer)

2 FILER NAME

4 Date

6 Address of person from whom investment is purchased

City State

Zip Code

Date

7 Description of investment

City;

8 Amount of investment (\$)

Name of person from whom investment is purchased

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10A

4. TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5. Date

7. Amount (\$)

9. TYPE OF EXPENDITURE Political

10. 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)

PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense

Date

TYPE OF EXPENDITURE Political Non-Political

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertisement Expenses

The Instruction Guide explains:

2 FILER NAME

8

(a)

(b) Description

OF
EXPENDITURE

Office sought

Office held

Date

Zip Code

Category

OF
EXPENDITURE

Candidate / Officeholder name

Office held

Date

City; State; Zip Code

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

6 Amount (\$)

7 Payee address

8 PURPOSE
OF
EXPENDITURE

(a)

(b) Description

Reimbursement from
political contributions
intended

Office held

Date

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

PURPOSE
OF
EXPENDITURE

Category

(b) Description

Office sought

Office held

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Reimbursement from
political contributions
intended

(b) Description

(See Categories listed at the top of this schedule)

Candidate / Officeholder name

☐ Check if travel outside of Texas. Complete Schedule T.

Check If Austin, TX, officeholder living expense

Complete ONLY if direct

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.

3 Filer ID (Other Commission Filer)

4 Date

5 Payee name

6 Amount (\$)

8
PURPOSE
OF
EXPENDITURE

PURPOSE

Date

Amount (\$)

categories)

required)

PURPOSE
OF
EXPENDITURE
Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code