[redacted]

CA PA G F A CE REPORT

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:

RECEIVED

[redacted]

Board of Ed n

[redacted]

NICKNAME LAST SUFFIX

Sims

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

STATE; ZIP CODE

76119

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 688-4866

or Date Postmarked

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. Sims

15 Filer ID (Ethics Commission Filers)

[redacted]

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

[redacted]

☐ Additional Pages

[redacted]

~~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

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

[redacted]

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 0.00

[redacted]

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: PLEDGED CONTRIBUTIONS	$
4		$ 4725.60
☒	SCHEDULE E: LOANS	$ 7035.29
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
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	$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 9(c)

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expenses

1 Type or print Schedule F1 | 2 Filer ID (Ethics Commission Filers)

The Instruction Guide explains how to complete this form.

2 E

, Sims

5 P e

Ms Allen

4 Date 300.00

8 4-27-17

PURPOSE OF EXPENDITURE

Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District

PURPOSE OF

FH

PURPOSE OF

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form

1 Total pages Schedule E

2 FILER NAME
T. A. Sims

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan
1-1-13

7 Name of lender ☐ out-of-state PAC (ID#)

9 Loan Amount ($)
1525

6 Is lender a financial Institution?
Y (N)

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

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

Interest rate
+

Is lender

Lender address; City; State; Zip Code

[redacted]

Y

Self. Retired

[redacted]

GUARANTOR

[redacted]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

[redacted]

Forms provided by Texas Ethics Commission

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 [redacted]

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 4A-B below only if you are not an officeholder

[redacted]

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:

[redacted]

B. ASSETS

Check only one:

[redacted]

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)

7 Amount of contribution ($)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:_____)

0.00

Smith, D

5000

☐ out-of-state PAC (ID#:_____)

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC
☐ 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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 POL'T'CAL CONTR BUT ONS TO A BUS NESS OF C/OH

SCHEDULE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Food/Beverage Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

2 FILER NAME

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

PURPOSE OF EXPENDITURE

Contributions/Donations Made By
Campaign Treasurer/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 Out Of District
Other (enter 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

Credit Card Payment

Date

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

U PA D NCURRED OBL G O S

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 Expense

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.

5 Date PURPOSE OF EXPENDITURE

6 Payee name

8 Payee address; City; State; Zip Code

PURCHASE OF NVESTMENTS MADE FRO POLIT CAL CONTR BUT ONS

SCHEDULE F3

1 Total pages Schedule F3:

The Instruction Guide explains how to complete this form

3 Filer ID (Ethics Commission Filers)

1

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

EXPEND TURES ADE BY CRED T CARD

SCHEDU 5 F4

Advertising Expense
Event Expense
Loan Repayment/Reimbursement
Solicitation/Fundraising Expense

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD $

5 Date

7 Amount ($)

9 TYPE OF EXPENDITURE

Political

Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Travel In District
Travel Out Of District
Other (enter a category not listed above)

10 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

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

POLIT CAL EXPEND TURES
ADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

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

POL TICAL EXPENDITURES MADE FRO PERSONAL FUNDS

SCHEDULE G

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
Offi head/Rental Expense
Pol ense
Printing Expense
Salaries/Wages/Contract Labor
i e
i ated Expense
Travel Out Of District
Other (enter a category not listed above)

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; City; State; Zip Code

8 (a) PURPOSE OF EXPENDITURE (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

Category (b) Description

PURPOSE OF EXPENDITURE

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POL T CAL EXPENDITURES MADE FROM POL T CAL CONTR BUT ONS

SCHEDULE

[redacted]

4 Date

5 Payee name

6 Amount ($)

8

PURPOSE OF EXPENDITURE

[redacted]

PURPOSE

Date

Amount ($)

categories)

required)

PURPOSE OF EXPENDITURE

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code