

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME
 MS. MRS / MR: Peggy FIRST: Simon MI: _____
 NICKNAME: _____ LAST: _____ SUFFIX: _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: PO Box 789 APT / SUITE #: _____ CITY: MARBLE FALLS, TX STATE: _____ ZIP CODE: 78654
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (830) PHONE NUMBER: 385 - 2225 EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS. MRS / MR: ARCHIE FIRST: _____ MI: _____
 NICKNAME: _____ LAST: SIMON SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: SAME

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (830) PHONE NUMBER: 385 - 1750 EXTENSION: _____

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (off holder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month: 7 Day: 16 Year: 07 THROUGH Month: 1 Day: 1 Year: 08

11 ELECTION
 ELECTION DATE: Month: _____ Day: _____ Year: _____ ELECTION TYPE: Primary Runoff General Special

12 OFFICE: Justice of the Peace 13 OFFICE SOUGHT (if known): _____

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 * Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. *

Name: _____
 Address / PO BOX: _____ APT / SUITE #: _____ City: _____ State: _____ Zip Code: _____

OFFICE USE ONLY

Date Received: _____
 Date Hand-delivered or Date Resubmitted: _____
 Receipt #: _____ Amount: _____
 Date Processed: _____
 Date Imaged: _____

2008 JAN 15 PM 2:05
 FILED
 CLERK
 BUREAU OF ELECTIONS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME _____ 16 ACCOUNT # (Ethics Commission Filers) _____

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ - 0 -
	2.	TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 -

19 AFFIDAVIT

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

Peggy L. Simon
Signature of Candidate or Officeholder

NOTARY STAMP - SEAL ABOVE

Sworn to and subscribed before me, by the said Peggy L. Simon, this the 15th day of January, 2008, to certify which, witness my hand and seal of office

Lisa J. Whitehead Lisa J. Whitehead
Signature of officer administering oath Printed name of officer administering oath

Title of officer administering oath