

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Peggy

h.

SIMON

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked

Receipt

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

100 Hi-View

MARBLE FALLS, TX 78654

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

693 - 2616

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ARCHIE

R.

SIMON

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

100 Hi-View

MARBLE FALLS, TX 78654 78654

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

693 - 2616

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

9th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

2 / 6 / 06

2 / 24 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

3 / 7 / 06

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of Peace Prec 3

13 OFFICE SOUGHT (if known)

SAME

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Peggy L. Simon*

16 ACCOUNT # (Ethics Commission filers)

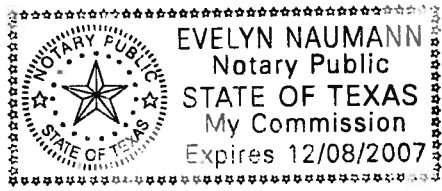
17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* 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	\$ 925 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 925 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1633,98
	4. TOTAL POLITICAL EXPENDITURES	\$ 1633.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Peggy L. Simon, this the 24 day of Feb, 20 06, to certify which, witness my hand and seal of office.

*Evelyn Naumann*      Evelyn Naumann      NOTARY  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Peggy L. Simon

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/14/06

5 Full name of contributor  out-of-state PAC (ID#:

Tommy + Jo Ellen Shifflett

6 Contributor address; City; State; Zip Code

Box 673  
Marble Falls, TX 78654

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Rancher

10 Employer (See Instructions)

Date

2/8/06

Full name of contributor  out-of-state PAC (ID#:

Kenneth Lewis

Contributor address; City; State; Zip Code

PO Box 1090  
Liberty Hill, TX 78642

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Date

2/12/06

Full name of contributor  out-of-state PAC (ID#:

Cheryl Mahay

Contributor address; City; State; Zip Code

PO Box 846  
Llano, TX 78643

Amount of contribution (\$)

30<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

2/7/06

Full name of contributor  out-of-state PAC (ID#:

Nancy & John O'Connell

Contributor address; City; State; Zip Code

PO Box 355  
Marble Falls, TX

Amount of contribution (\$)

50<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Trailer Sales

Employer (See Instructions)

Date

2/9/06

Full name of contributor  out-of-state PAC (ID#:

Robert & Patsy Falls

Contributor address; City; State; Zip Code

1500 Sunset Dr  
Marble Falls, TX 78654

Amount of contribution (\$)

20<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

House Planner

Employer (See Instructions)

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <i>Peggy L. Simon</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/21/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William B. Nead &amp; Beverly Nead</i>	7 Amount of contribution (\$) <i>35<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>246 Learning Tree Marble Falls, TX 78654</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darlene Daugherty</i>	Amount of contribution (\$) <i>200<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2247 CR. 341 Marble Falls, TX 78654</i>			
Principal occupation \ Job title (See Instructions) <i>Retirement Home Owner</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

*925<sup>00</sup>*

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *Peggy L. Simon*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*2/21/06*

5 Payee name  
*US Post Office*

7 Amount (\$)  
*234<sup>00</sup>*

6 Payee address; City; State; Zip Code  
*Marble Falls, TX 78651*

8 Purpose of payment (See instructions regarding type of information required.)

*Postage for mail out*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held  
*Peggy L. Simon JPH JPH3*

Date  
*2/17/06*

Payee name  
*Printworks*

Amount (\$)  
*116<sup>91</sup>*

Payee address; City; State; Zip Code  
*314 Main Marble Falls, TX 78654*

Purpose of payment (See instructions regarding type of information required.)

*Printing of mail out*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held  
*// //*

Date  
*2/14/06*

Payee name  
*Printworks*

Amount (\$)  
*46<sup>00</sup>*

Payee address; City; State; Zip Code  
*314 Main Marble Falls, TX 78654*

Purpose of payment (See instructions regarding type of information required.)

*Printing mailing Labels.*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held  
*// //*

Date  
*2/15/06*

Payee name  
*Victory Publishing*

Amount (\$)  
*452.78*

Payee address; City; State; Zip Code  
*Marble Falls, TX*

Purpose of payment (See instructions regarding type of information required.)

*Newspaper ads*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held  
*// //*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Peggy L. Simon*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*2/17/06*

5 Payee name

*Wal-Mart*

7 Amount (\$)

*67.17*

6 Payee address; City; State; Zip Code

*Marble Falls, TX 78654*

8 Purpose of payment (See instructions regarding type of information required.)

*Envelopes  
Copy Paper  
Ink Cartridges*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name: *Peggy L. Simon*    Office sought: *JPT#3*    Office held: *JPT#3*

Date

*2/21/06*

Payee name

*N.C.B.*

Amount (\$)

*50.01*

Payee address; City; State; Zip Code

*Marble Falls, TX 78654*

Purpose of payment (See instructions regarding type of information required.)

*Gas to Campaign*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name: *||*    Office sought: *||*    Office held: *||*

Date

*2/17*

Payee name

*U.S. Post Office*

Amount (\$)

*469<sup>00</sup>*

Payee address; City; State; Zip Code

*Marble Falls, TX 78654*

Purpose of payment (See instructions regarding type of information required.)

*Postage for Mail-outs*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name: *||*    Office sought: *||*    Office held: *||*

Date

*2/15/06*

Payee name

*Charlie Buchanan*

Amount (\$)

*150<sup>00</sup>*

Payee address; City; State; Zip Code

*130 winding way  
Marble Falls, TX 78654*

Purpose of payment (See instructions regarding type of information required.)

*Printing work & Labor*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name: *||*    Office sought: *||*    Office held: *||*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Peggy L. Simon*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*2/16/06*

5 Payee name

*Burnet Co. Tax Assessor*

7 Amount (\$)

*48<sup>11</sup>*

6 Payee address; City; State; Zip Code

*Burnet, TX 78611*

8 Purpose of payment (See instructions regarding type of information required.)

*Dish of Voters*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*11 11*

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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