

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (State Commission Filer)	2 Total pages filed: <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> <b>Peggy</b> FIRST MI <b>h.</b> NICKNAME LAST SUFFIX <b>Simon</b>	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> <b>JUL 15 2016</b> Date Collected	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT SUITE CITY STATE ZIP CODE <b>1209 Co. Rd 333</b> <b>Bertram, TX 78605</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(830) 385-2225</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> <b>Archie</b> FIRST MI <b>R.</b> NICKNAME LAST SUFFIX <b>Simon</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT SUITE # CITY STATE ZIP CODE <b>1209 Co. Rd 333</b> <b>Bertram, TX 78605</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(830) 385-4943</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> R runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 5th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>Jan 1, 2016</b> THROUGH <b>June 30, 2016</b>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Justice of the Peace Prec. 3 Bertram, TX</b>	13 OFFICE SOUGHT (if known)	

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Peggy L. Simon 15 Filer ID: (Ethics Commission Filer)

16 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:  GENERAL  SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

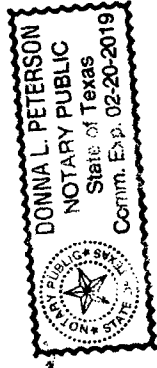
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
EXPENDITURE TOTALS	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7
CONTRIBUTION BALANCE	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 7
OUTSTANDING LOAN TOTALS	TOTAL POLITICAL EXPENDITURES	\$ 0
	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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 15<sup>th</sup> day of July, 2016, to certify which, witness my hand and seal of office.

Donna L. Peterson Donna L. Peterson Election Clerk  
Signature of officer administering oath Printed name of officer administering oath

Title of officer administering oath