

# 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 (Ethics Commission Filers)	2 Total pages filed			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST KELLY	MI	<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           Date Received: <u>11/15/2028</u>            Date Hand-delivered or Date Postmarked: <u>11/15/2028</u>            Receipt #: <u>11-458</u> Amount: <u>\$100.00</u>            Date Processed: <u>11/15/2028</u>            Date Imaged: <u>11/15/2028</u> </div>				
	NICKNAME	LAST SIMON	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  <b>JUNCTION, TX 76849</b>							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 325 )	PHONE NUMBER 370-9905	EXTENSION					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST KELLY	MI	<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Date Hand-delivered or Date Postmarked: <u>11/15/2028</u>            Receipt #: <u>11-458</u> Amount: <u>\$100.00</u>            Date Processed: <u>11/15/2028</u>            Date Imaged: <u>11/15/2028</u> </div>				
	NICKNAME	LAST SIMON	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: CITY:  <b>JUNCTION, TX 76849</b>				STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 325 )	PHONE NUMBER 370-9905	EXTENSION					
9 REPORT TYPE	<input checked="" type="checkbox"/>	January 15	<input type="checkbox"/>	30th day before election	<input type="checkbox"/>	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/>	July 15	<input type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded Modified Reporting Limit	<input type="checkbox"/>	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 11	Day 12	Year 25	THROUGH	Month 12	Day 31	Year 25	
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26		ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special   _____					
12 OFFICE	OFFICE HELD (if any) <b>PCT II COMMISSIONER</b>			13 OFFICE SOUGHT (if known) <b>PCT II COMMISSIONER</b>				
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME KELLY SIMON	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 750.00 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is KELLY SIMON, and my date of birth is \_\_\_\_\_.

My address is 2125 KC 25, JUNCTION, TX, 76849, \_\_\_\_\_.

(street)

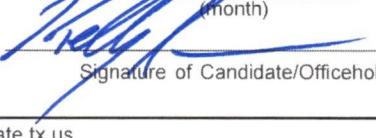
(city)

(state)

(zip code)

(country)

Executed in KIMBLE County, State of TEXAS, on the 13TH day of JANUARY, 2026.

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME KELLY SIMON	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>750.00</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>750.00</i>
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	

## LOANS

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
<b>2 FILER NAME</b> <b>KELLY SIMON</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED LOANS</b>		\$
<b>5 Date of loan</b> <b>12/7/25</b>	<b>7 Name of lender</b> <b>KELLY SIMON</b>	<b>9 Loan Amount (\$)</b> <b>750.00</b>
<b>6 Is lender a financial Institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8 Lender address;</b> <b>2125 KC 25 JUNCTION, TX 76849</b>	<b>10 Interest rate</b> <b>0.00</b>
		<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b> <b>PCT II COMMISSIONER/SELF</b>		<b>13 Employer (See Instructions)</b> <b>PCT II COMMISSIONER/SELF</b>
<b>14 Description of Collateral</b> <input type="checkbox"/> none		<b>15</b> ✓ <b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>16 GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	<b>17 Name of guarantor</b> <b>18 Guarantor address;</b> <b>City; State; Zip Code</b>	<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation (See Instructions)</b>		<b>21 Employer (See Instructions)</b>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#_____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>KELLY SIMON</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/7/25</b>	5 Payee name <b>KIMBLE COUNTY REPUBLICAN PARTY</b>	
6 Amount (\$) <b>750.00</b> Reimbursement from political contributions intended	7 Payee address; <b>652 MAIN STREET</b>	City: <b>JUNCTION</b> State: <b>TX</b> Zip Code <b>76849</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>CANDIDATE FILING FEES</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <b>KELLY SIMON</b>	Filer ID #
----------------------------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the SEMIANNUAL report due on 1/15/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is **KELLY SIMON**

and my date of birth is \_\_\_\_\_.

My address is **2125 KC 25**

(street)

**JUNCTION**

**TX**

**76849**

**USA**

Executed in **KIMBLE** County, State of **TEXAS**, on the

day of **JANUARY**, 20 **26**.

*Kelly*

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**