	DIDATE/OFFICEHOLDER REPORT:	2035 Iontgomery Idministrator Sounty, Texas FORM C/OH - FR
	The Instruction Guide explains how to com	plete this form.
	•• Complete only if "Report Type" on page 1 is m	narked "Final Report" ••
C/OHN		2 Filer ID (Ethics Commission Filers)
SIGNA	ke Sime	
designa	expect any further political contributions or political expenditures in conn ting a report as a final report terminates my campaign treasurer appointn on contributions or make any campaign expenditures without a campaign	nent. I also understand that I may not accept any
•• Con	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. **	
Α.	CAMPAIGN FUNDS	
Chec	only one: I do not have unexpended contributions or unexpended interest or incomposition of the second s	
	I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of u unexpended contributions or unexpended interest or income earned on filing this final report. Further, I understand that I must dispose of unex- interest or income earned on political contributions in accordance with t	terest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after pended political contributions and unexpended
В.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest of	or other income from political contributions.
	I do retain assets purchased with political contributions or interest or oth that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	nterest or other income from political contributions to
		Signature of Candidate
	EHOLDER plete this section only if you are an officeholder ••	
I	I am aware that I remain subject to filing requirements applicable to an offic file. I am also aware that I will be required to file reports of unexpended c an officeholder, I retain political contributions, interest or other income fro political contributions or interest or other income from political contribution	ontributions if, after filing the last required report as m political contributions, or assets purchased with
	-	Mile Sims Signature of Officeholder
rme provid	ed by Texas Ethics Commission www.ethics.state.tx.us	Revised 1/1/20

		CEHOLDER E REPORT	1			ORM C/OH HEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST Michael LAST			OFFICE Date Received ED 0110	USEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		сіту: state: ЦАРРУ Тэ́́́́	ZIP CODE	Maridel Mo Elections Ad Swisher Cou	ntgomery ministrator
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 479-089	exten	SION	Date Hand-delivered	or Date Peetmarked 2025 Amount S
6 CAMPAIGN TREASURER NAME	ms / mrs / mr 	FIRST me as ábore LAST	2	MI SUFFIX	Data Reportend	2035
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOK PLEASE); APT /	SUITE #: CIT	r. YPPY	STATE;	zip code 7904 - 2
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	exten:	SION		
9 REPORT TYPE	January 15	30th day before		unoff <ceeded modified<="" td=""><td>(Officeholde</td><td></td></ceeded>	(Officeholde	
10 PERIOD COVERED	Jan	93 Year 2025	THROUGH	pporting Limit Month Jan	Day Year	
11 ELECTION	ELECTION DA Month Day	Year Primary		ELECTION TYPE Other Description	2	
12 OFFICE	OFFICE HELD (if any)			SOUGHT (if know		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ CONMITTEE NAME	ES MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR				
		GO TO	PAGE 2			

15 C/OH NAME		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-				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -C-				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - C				
	4. TOTAL POLITICAL EXPENDITURES	\$ ~ C-				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ - 0-				
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD 	тне \$ - 0				
	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
		•				
	prike S	lyas				
	Signature of Ca	ndidate or Officeholder				
	Please complete either option below	<i>v</i> :				
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this the	day of,				
20, to certify	which, witness my hand and seel of office.					
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
My name is Thick	- Sime, and my date of birth is	Cet 21, 1954				
My address is	HAPDY	<u>CCA. 21, 1954</u> <u>Ty., 79042, SwishER</u> state) (zip code) (country)				
	(street)	state) (zip code) (country)				
Executed in Swis	$\frac{kER}{2}$ County, State of $\frac{7EXAS}{2}$, on the <u>10</u> day of $\frac{1}{2}$ day of $\frac{1}{2}$ (then the state of $\frac{1}{2}$ day of $\frac{1}{2}$ (then the state of $\frac{1}{2}$ day of $\frac{1}{2}$ (then the state of $\frac{1}{2}$ day of $\frac{1}{2}$ (the state of $\frac{1}{2}$ day of $\frac{1}{2}$ day of $\frac{1}{2}$ day of $\frac{1}{2}$ day of $\frac{1}{2}$ (the state of $\frac{1}{2}$ day of \frac{1}{2} day	uscuy . 20 <u>.25</u> . n) f (year)				
	Inke de	hor (Officebolder (Declarant)				
	Signature of Candi	date/Officeholder (Declarant)				

FILED 01/10/2025

SL	JB	TC	T	۱L	s.	- C	:/C)H
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Maridel Montgomery Elections Administrator FORM C/OH Swisher County, Texas COVER SHEET PG 3

			1.1.1			
19	9 FILER NAME 20 Filer ID (Ethics Con Thile Sime					
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	D			
з.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0			

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID	(Ethics Com	nmission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS /MR NICKNAME M7KE	FIRST HALKEM LAST SIMS	ich AEL	Ğ	MI 6 SUFFIX	OFFI CE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; AREA CODE	APT / SUITE #; PHONE NUMBER	HAPPY	STATE;	79092	LED_ <u>97108</u> 2024 Maridel Montgomery Elections Administrator Swisher County, Texas
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Le 79-089 FIRST e an abo LAST	·		MI SUFFIX	07 08 2034 Receipt # Amount \$ Date Processed 08 2024 Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT	' SUITE 4; HA		:	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER	(mi=1)	EXTENSION	N	
9 REPORT TYPE	January 15 July 15	30th day before a site of the second	-	Contraction of the second second	ff eded Modified rding Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Jan /	Day Year 14 / 2024	THROU		Month	B 2024
11 ELECTION	ELECTION DA Month Day	Year Print	20 C	off	ELECTION TYPE Other Description	
12 OFFICE	OFFICE HELD (If any)		13		OUGHT (If know	m) cから)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFK	EHOLDER. THESE EXPENDIO	TURES MAY HAVE BE	EN MADE W	ATHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
Additional Pages		COMMITTEE ADDRESS	TREASURER NAM	IE		
		COMMITTEE CAMPAIG	N TREASURER AD	DRESS		
		GO .	TO PAGE 2	2		

15 C/OH NAME	16 Filer	ID (Ethics Commission Filers)
TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 700-00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	
9. <i>*</i> :	4. TOTAL POLITICAL EXPENDITURES	\$ 1624.00 \$ 1624.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 70000
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	prrect and includes all information
	mike Simi	
	Signature of Candidate	
		-a (1
(1) Affidavit	Please complete either option below:	
NOTARY STAMP/SEA		
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 administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	e Simme and my date of birth is	Oct. 21-1954
My address is	Anory	19042 US
Executed in Swish	(street) (city) (state) <u>FR</u> County, State of <u>Telen</u> , on the <u>3</u> day of <u>Jule</u> , nimonth) (1 Mithe, Sim	, 20 <u>_24</u> (year)
	Signature of Candidate/Of	IN AN ADD DIGING THE PART

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

19	FILER NAME Miche Simi	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$162400
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ - 0 -
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - U -
4.	SCHEDULE E: LOANS	s- 0-	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$1624.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s-0-	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$-0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0 -	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	s-0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$ - 0 -	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ - 6 -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED	\$ - 0 -

2

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FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commissio	n Filers)	2 Total pages filed:	
The C/OH Instruction C		to complete this form.				2 Iotal pages med:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST MICHGEL		G		OFFICE USE ONLY	
	MICKNAME MILE	Sim_s		SUFF	IX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;		тате; zip с Х 790	ODE 42	01/11/2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 679 - 0899	E	KTENSION		Date Hand-delivered or Date Postmarke	ed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR NICKNAME MIKE	EIRST Michae LAST Sins		MI G		Receipt # Amount \$ Date Processed; OI/II/2024 Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; +	спту: ГАРРУ	,	STATE; ZIP CODE TX 79042	2
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 479- 089		TENSION			
9 REPORT TYPE	January 15	30th day before		Runoff		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	lection	Exceeded Mo Reporting Lim		Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 30 / 2023	THROUG	н	Month	Day Year 12 2024	
11 ELECTION	ELECTION DAT Month Day 3 / 5	Year Primary	Runoff	Othe Des	DN TYPE er cription		
12 OFFICE	OFFICE HELD (if any)		13 or Ca	FICE SOUGHT	(if known)	conce PT1	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN I	MADE WITHOUT	THE CANDIDA	E BY POLITICAL COMMITTEES TO SUPPO TE'S OR OFFICEHOLDER'S KNOWLEDGE Y RECEIVE NOTICE OF SUCH EXPENDITURI	00
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	6 ^{,4} "original and a second				
Additional Pages	GENERAL	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRE	SS			
		GO TO	PAGE 2				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER

•/ • • • • • • •						
15 C/OH NAME	16 F	iler ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 10				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ D				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ D				
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>O</i>				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	* \$ D				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ O				
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	m2				
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEA	۱L.					
	before me by this the which, witness my hand and seal of office.	day of,				
, to certify	which, withess my hand and sear of onice.					
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
My name is _ Mike		et. 21, 1954				
My address is		, 79042, SwishER				
Executed in <u>Swish</u> E	<u>R</u> County, State of <u>Tepas</u> , on the <u>11</u> day of <u>Janua</u> Miche Sim					
	Signature of Candidate/C)fficeholder (Declarant)				

	SUBTOTALS - C/OH	01/11/2024		FORM C/OH SHEET PG 3		
19	MICHAE & Sims		20 Filer ID (Ethics Co	ommission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		Landon (1997)	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL	CONTRIBUTIONS		\$ D		
2.	SCHEDULE A2: NON-MONETARY (IN-K	IND) POLITICAL CONTRIBUTIONS		\$ 0		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	\$ 0					
6.	SCHEDULE F2: UNPAID INCURRED OF	BLIGATIONS		\$ ()		
7.	SCHEDULE F3: PURCHASE OF INVES	STMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ D		
8.	SCHEDULE F4: EXPENDITURES MAD	E BY CREDIT CARD		\$ D		
9.	SCHEDULE G: POLITICAL EXPENDITI	JRES MADE FROM PERSONAL FUN	IDS	\$ 750.0		
10.	SCHEDULE H: PAYMENT MADE FROM	POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ D		
11.	SCHEDULE I: NON-POLITICAL EXPEND	DITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s D		
12.	SCHEDULE K: INTEREST, CREDITS, C TO FILER	GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	s ()		

I

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

-									
See CTA Instruction Guide for detailed instructions.						1 Total pages filed: 2 (Front Hack)			
2	CANDIDATE NAME	MS / MRS / MR	FIRST		м		OFFIC	EUSEONLY	
	TOME.	MR	MichAE	L	G		Filer ID #		
		NICKNAME	LAST		 SU	FFIX	Data Davaluat		
		Mike	Sims				Date Received	30/2023	
3	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP	CODE		inaite Cuilfer	
	MAILING ADDRESS			HAPPY	Tx 79	1042		ra N d reipiar	
								n janik (
							Date Hand-delivered	COZ3	
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION		Receipt #	Amount \$	
		(806)	679 089	9			Dale Processed		
5	OFFICE			-				2073	
	HELD (if any)						Date Imaged		
6	OFFICE			0					
	(if known)	Commi	seno	P41					
7	CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	NICKNAME		LAST	SUFFIX	
	NAME	0.0	- not	G	Mike	,	Sims	ł	
		MR	MichaEh	U .					
8	CAMPAIGN TREASURER	STREET ADDRESS;	AF	PT / SUITE #;	CITY;		STATE;	ZIP CODE	
	STREET				HAPPY	C	Texar	79042	
(residence or business)		v						
<u> </u>	0.11 miles	1051 0005							
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION				
	PHONE	(806)	679 08	399					
10	CANDIDATE							-	
	SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.							
I am aware of my responsibility to file timely report the Election Code.						orts as	required by	title 15 of	
		l am aware from corpor	of the restrictio ations and labo	ns in title 15 r organizati	n title 15 of the Election Code on contributions ganizations.				
		mik	Sime			10	Arbert	5/2023	
	Signature of Candidate Date Signed								
	GO TO PAGE 2								

Forms provided by Texas Ethics Commission

Revised, 1/1/2023

FORM CTA

PG 1

CANDIDATE MODIFIED REPORTING DECLARATION

11	CANDIDATE NAME							
12	MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING						
		•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••						
		•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)						
		•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••						
		I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.						
		Year of election (s) or election cycle to which declaration applies Signature of Candidate						
	This appointment is effective on the date it is filed with the appropriate filing authority.							
	TEC Filers may send this form to the TEC electronically at <u>treasappoint@ethics.state.tx.us</u> or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070							
		Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC						
	For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php							