

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3
3 CANDIDATE NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Katie D Sims	
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE PHONE			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Katie D Sims	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before convention / election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before convention / election	<input type="checkbox"/> Final report (Attach SC C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
		12 / 08 / 2025 THROUGH 12 / 31 / 2025	
11 CONVENTION / ELECTION DATE	Month Day Year	12 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR
	03 / 03 / 2026 Tax Assessor Collector		<input type="checkbox"/> COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable)		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY
 FILED Date Received 02/06/2026
 Maridel Montgomery
 Elections Administrator
 Swisher County, Texas

Date Hand-delivered or Date Postmarked
02/06/2026
 Receipt # Amount \$
 Date Processed 02/06/2026
 Date Imaged 02/06/2026

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**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 2**

15 CANDIDATE 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)

\$ 0⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 0⁰⁰

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0⁰⁰

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

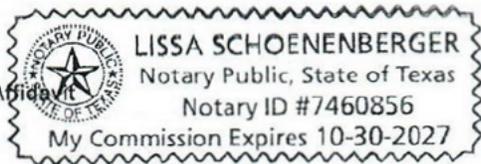
\$ 0⁰⁰

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.

Katie S.

Signature of Candidate

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Katie Sims this the 6th day of February.

20 26, to certify which, witness my hand and seal of office.

Lissa Schoenenberger Lissa Schoenenberger Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate (Declarant)

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19. CANDIDATE NAME		20. Filer ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0 ⁰⁰
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0 ⁰⁰
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0 ⁰⁰
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 ⁰⁰
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0 ⁰⁰
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0 ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0 ⁰⁰
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 ⁰⁰
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0 ⁰⁰

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

FILED 11/13/2025

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Elections Administrator
Swisher County, Texas

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11/13/2025

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs. Katie D

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Sims

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Swisher County Tax Assessor Collector

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs. Katie D. Sims

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

11-13-25

Date

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 (front & back)

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2 CANDIDATE NAME

MS / MRS / MR

FIRST

MI

Mrs

Katie

D

NICKNAME

LAST

SUFFIX

Sims

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[Redacted]

4 CANDIDATE PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[Redacted]

5 OFFICE HELD (if any)

Tax Assessor Collector

6 OFFICE SOUGHT (if known)

Tax Assessor Collector

7 CAMPAIGN TREASURER NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs

Katie

D

Sims

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[Redacted]

9 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[Redacted]

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 reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Katie S.

Signature of Candidate

11-13-25

Date Signed

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**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

11 CANDIDATE
NAME

Mrs. Katie D Sims

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 \$1,110 in political contributions or
make more than \$1,110 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 treasappoint@ethics.state.tx.us
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>