APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA							
	BY A CANE	DIDATE					PG 1
	See	CTA Instruction	n Guide for detailed	d instructions	S.	1 Total pages filed:	
2	CANDIDATE	MS/MRS/MR	FIRST			2 (fu	ont (loack)
	NAME	me		,	G.	OFFICE US	EONLY
		NICKNAME	MichAE	(Filer ID #	
			LAST		SUFFIX	Date Received	[2007
3	CANDIDATE	MIKE ADDRESS / PO BOX:	SIMS APT/SUITE#;	CITY:		FILED 10 30	Culifer
	MAILING ADDRESS	P.D. Doe	54110	HAPPY	STATE; ZIP CODE TV 79042	good and A	
		8031 CR	7	717		Swisher Co	
_						Date Hand-delivered or Post	tmarked
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION		ount\$
		(806)	679 089	9		Dale Processed	
5	OFFICE HELD					030 707	3
	(if any)			-			
6	OFFICE SOUGHT	6 6	isseoner	011			
7	(if known) CAMPAIGN	MS/MRS/MR	FIRST	P+1	NICKNAME	LAST SUI	FFIX
	TREASURER NAME			0			FFIX
		MR	Michael	G.	Mike	Sims	
8	CAMPAIGN TREASURER	STREET ADDRESS;	AP	T / SUITE #;	CITY;	STATE; ZIP	CODE
	STREET ADDRESS	3031	Country Rose	17	HAPPY	Texas 79	9042
(residence or business)				•		
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION		
	TREASURER PHONE	(0.0)	679 08	099	* ·		
		(806)	411 00	>//			
10	CANDIDATE SIGNATURE						
	STOLUTION LE	I am aware	e of the Nepotisn	n Law, Cha	pter 573 of the Te	exas Governmen	t Code.
		I am aware of my responsibility to file timely reports as required by title 15 of					
	ļ	the Election Code.					
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
	2-05-						/
	Signature of Candidate Date Signed						
	GO TO PAGE 2						

11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING **CHOOSING MODIFIED REPORTING** DECLARATION . 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. Signature of Candidate Year of election(s) or election cycle to which declaration applies

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

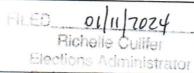
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (The C/OH Instruction Guide explains how to complete this form 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:						
3							
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST MICHAEL			MI	OFFICE	USE ONLY
	M LA F	Sims			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	сітч; Нарру	STATE; TX EXTENSIO	ZIP CODE	Rich Steption	II/ZOZ4 nelle Culifer s Administrate r County Tale
OFFICEHOLDER PHONE	(806)	479-0899		EXTENSION		01/11/	or Dale Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST MIC has h	-		SUFFIX	Date Processed	Amount \$
7 (11/21/61/	MIKE	Sins				Date iniuged	
7 CAMPAIGN TREASURER	STREET ADDRESS (I	NO PO BOX PLEASE); APT /		CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	3031,CK			HAI	opy	1×	79042
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 479- 089	9	EXTENSIO)N		
9 REPORT TYPE	January 15 July 15	30th day before			eded Modified	treasurer ap (Officeholder	
10 PERIOD COVERED	Month 10	Day Year / 30 / 2023	THRO		Month	Day Year	,
11 ELECTION	Month Day	Year Primary	Run	off	Other Description		
12 OFFICE	OFFICE HELD (if any)		13	office s	OUGHT (if known	seoner F	DT /
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTION: EHOLDER. THESE EXPENDITURI AND OFFICEHOLDERS ARE REQU	S ACCEPTED OR ES MAY HAVE BE	POLITICAL I	EXPENDITURES M	ADE BY POLITICAL COM	MITTEES TO SUPPORT DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAM	IE	***************************************		
		COMMITTEE CAMPAIGN T	REASURER AD	DRESS			-
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 Filer	ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	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)	\$ O					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>O</i>					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>O</i>					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	s 0					
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.							
	Mile Sim						
	Signature of Candidate of	or Officeholder					
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEA	AL.						
	before me by this the	day of,					
	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							
My name is Mike	Simm, and my date of birth is Oc	t. 21, 1954					
My address is 3 231	HAPPY , 1x	19042, SWISHER					
Executed in Swish	(street) (city) (state) County, State of Texas, on the // day of Acousty	(zip code) (country)					
Executed in Oto15 NE	mike Sime	(year)					
	Signature of Candidate/Office	ceholder (Declarant)					

SUBTOTALS - C/OH



19 FILER NAME SWISHER COUNTY, TEXAS 20 FILE ID (51)	
MICHAE G. Sims	es Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ D
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s 0
4. SCHEDULE E: LOANS	s D
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s <i>O</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ()
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>O</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/	он \$ Д
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s O
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s O

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: CANDIDATE / MS / MRS (MR) OFFICEHOLDER MI NAME OFFICE USE ONLY NICKNAME Date Received SUFFIX MIKE ims CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** APT / SUITE #; STATE; ZIP CODE LED 97 MAILING 79042 **ADDRESS** Maridel Montgomery Change of Address Elections Administrator 5 CANDIDATE Swisher County, Texas AREA CODE PHONE NUMBER **OFFICEHOLDER** EXTENSION (804) Date Hand-delivered or Date Postmarked PHONE CAMPAIGN TREASURER MI NAME LAST Date Image CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; TREASURER STATE ZIP CODE **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER **EXTENSION** PHONE 679-0899 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) 10 PERIOD Reporting Limit Day COVERED 14 / 2024 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Other Description General Zony 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) COMMISSIONS) 14 NOTICE FROM 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 OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) GENERAL COMMITTEE ADDRESS Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

45 0/01/14/14						
15 C/OH NAME				16 Filer ID	(Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	PLEDGES	NITEMIZED POLITICAL C S, LOANS, OR GUARANT BUTIONS MADE ELECTRO	ONTRIBUTIONS (OTHER THAN EES OF LOANS, OR DNICALLY)	8	700.00	
	2. TOTAL P (OTHER T	OLITICAL CONTRIBUT	TIONS OR GUARANTEES OF LOANS)	9	700.00	
EXPENDITURE TOTALS	3. TOTAL UN	NITEMIZED POLITICAL E	XPENDITURE.	. 4	1624.00	
	4. TOTAL P	OLITICAL EXPENDITU	RES	\$		
CONTRIBUTION BALANCE	5. TOTAL PO OF REPOR	DLITICAL CONTRIBUTION RTING PERIOD	S MAINTAINED AS OF THE LAS	T DAY	70000	
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	RINCIPAL AMOUNT OF AL OF THE REPORTING PE	L OUTSTANDING LOANS AS OF ERIOD	THE	_	
18 SIGNATURE I 1	swear, or affirm, under quired to be reported by	penalty of perjury, that to me under Title 15, Election	the accompanying report is true on Code.	and correc	and includes all information	
			mile 5	Cmi-		
			Signature of Car		Officeholder	
			8			
		Please complete	e either option below			
			oranic option below	•		
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed before me by						
	which, witness my hand	and seal of office.	this the	da	ay of,	
Signature of officer administer	ring oath	Printed name of officer ad	desirable les est			
			aministering oath	Title	e of officer administering oath	
(2) Unsworn Declaration						
My name is Miche Signa, and my date of birth is & OCT. 21-1954						
My address is						
(street) (street)						
xecuted in Swisher County, State of Telan, on the 3 day of Jules 20,34						
		,,,	1 (month)	7. 2	(year)	
			Signature of Or in	Lma		
Signature of Candidate/Officeholder (Declarant)						

SUBTOTALS - C/OH

19	FILER NAME		
	Mike Sims	20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.			SUBTOTAL AMOUNT
2.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$162400
-	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ - 03-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS		• -0 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT		5-0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	TRIBUTIONS	\$1624,00
7.			\$-0-
-	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ _ /
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	-0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	1	3-0-
11.			\$ - 0 -
12.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$ - 6 -
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	s - 0 -