

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kevin	MI
	NICKNAME CoCo	LAST Simpson	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>FEB 22 2022</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 62242  San Angelo, TX 76906		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Bridget	MI
	NICKNAME	LAST Killgore	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  2304 Dallas San Angelo, TX 76901		
	7 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION 325-234-6325		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
9 PERIOD COVERED	Month Day Year 01/01/2022		Month Day Year 01/20/2022
	THROUGH		
10 ELECTION	ELECTION DATE Month Day Year 03/01/2022		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Tom Green County Commissioner, Precinct 4	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 7

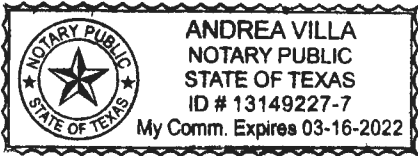
<b>13 C / OH NAME</b> Simpson, Kevin	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	


<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 370.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,013.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 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.

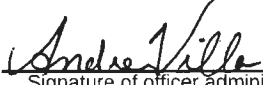


AFFIX NOTARY STAMP / SEAL ABOVE



\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kevin Simpson, this the 23<sup>rd</sup> day of February, 20 22, to certify which, witness my hand and seal of office.



\_\_\_\_\_  
Signature of officer administering

Andrea Villa

\_\_\_\_\_  
Printed name of officer administering

Public Notary

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Simpson, Kevin		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,900.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 370.78
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Simpson, Kevin		3 Filer ID
4 Date 01/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Shawn	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code 704 Era Ave  San Angelo, TX 76905	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Tammy	Amount of Contribution (\$)  \$40.00
	Contributor address; City; State; Zip Code US HWY 277  Christoval, TX 76935	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Fred & Dayna	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code 5405 Lake Trail Ct  San Angelo, TX 76904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Rochelle	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code PO Box 62061  San Angelo, TX 76906	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nikolauk, Mike & Wendi	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 11742 Juniper Ln  San Angelo, TX 76904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Simpson, Kevin		3 Filer ID
4 Date 01/04/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibeault, Janet	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 513 Turtle Hatch Ln  Naples, FL 34103		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadsworth, Kendall	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code 11569 Northcross  San Angelo, TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warford, Melissa & Kiley	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2901 Woodland Glen Ln  Conroe, TX 77385		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 6/7	<b>2</b> FILER NAME Simpson, Kevin	<b>3</b> Filer ID
<b>4</b> Date 01/09/2022	<b>5</b> Payee name Lowe's	
<b>6</b> Amount (\$) \$26.34	<b>7</b> Payee address; City; State; Zip Code 5301 Sherwood Way  San Angelo, TX 76904	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sand bags for signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/03/2022	Payee name Office Depot	
Amount (\$) \$21.64	Payee address; City; State; Zip Code 4272 Sunset Dr  San Angelo, TX 76904	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/12/2022	Payee name PNC Bank	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4112 S College Hills Blvd  San Angelo, TX 76904	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment on campaign credit card debt
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### 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 -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	<b>2</b> FILER NAME Simpson, Kevin	<b>3</b> Filer ID	
<b>4</b> Date 01/19/2022	<b>5</b> Payee name Shipping Point		
<b>6</b> Amount (\$) \$22.80	<b>7</b> Payee address; City; State; Zip Code 1300 W Beauregard  San Angelo, TX 76901		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Postage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing shirts	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held