

**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	2 Total pages filed: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kevin	MI
	NICKNAME	LAST Simpson	SUFFIX
			OFFICE USE ONLY
			Date Received JAN 14 2022
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" 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 <i>Bridgette</i>	MI
	NICKNAME	LAST <i>Hillgore</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2304 Dallas San Angelo, TX 76901</i>		
	AREA CODE PHONE NUMBER EXTENSION <i>325-234-6235</i>		
7 CAMPAIGN TREASURER PHONE			
8 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)		
9 PERIOD COVERED	Month Day Year 07/01/2021	THROUGH	Month Day Year 12/31/2021
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 18

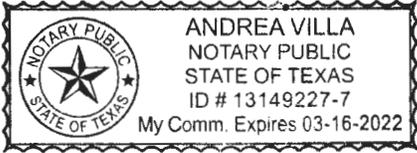
13 C / OH NAME Simpson, Kevin	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the 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	

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	160.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,175.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	8,125.61
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,643.60
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 14th day of January, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Simpson, Kevin		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,175.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 998.88
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,200.79
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 925.94
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/18
2 FILER NAME Simpson, Kevin		3 Filer ID
4 Date 12/06/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cubine, Sam & Kathy	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code 13302 Door Key Rd San Angelo, TX 76904	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n/a
Date 12/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Linda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3302 Stanford Dr San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Donor Recruitment		Employer (See Instructions) Vitalant
Date 12/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Christy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 6072 Loretta Dr Christoval, TX 76935	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Christy	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code 6072 Loretta Dr Christoval, TX 76935	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mull, Claire	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 13 Fiddleleaf Ct Spring, TX 77381	
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/18
2 FILER NAME Simpson, Kevin		3 Filer ID
4 Date 12/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onuoha, Ruth	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 2220 Foxcroft Ln Arlington, TX 76014		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrell, Tom	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 11469 Dove Creek Ln East San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Coin dealer		Employer (See Instructions) Self Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/18
2 FILER NAME Simpson, Kevin		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/12/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, CoCo	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 2670 Lineman Ln Christoval, TX 76935	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 7/18	2 FILER NAME Simpson, Kevin	3 Filer ID
4 Date 11/10/2021	5 Payee name PayPal	
6 Amount (\$) \$1.94	7 Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2021	Payee name Simpson, CoCo	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2670 Lineman Ln Christoval, TX 76935	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense personal contribution reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2021	Payee name Tractor Supply	
Amount (\$) \$115.10	Payee address; City; State; Zip Code 2701 Southwest Blvd San Angelo, TX 76904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense t-posts for signs
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 8/18	2 FILER NAME Simpson, Kevin	3 Filer ID
4 Date 10/21/2021	5 Payee name USPS	
6 Amount (\$) \$67.00	7 Payee address; City; State; Zip Code 3201 SH-306 Loop E San Angelo, TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 12/17/2021	Payee name Venmo	
Amount (\$) \$1.05	Payee address; City; State; Zip Code 117 Barrow St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 12/18/2021	Payee name Venmo	
Amount (\$) \$0.76	Payee address; City; State; Zip Code 117 Barrow St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation fee
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.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 9/18	2 FILER NAME Simpson, Kevin	3 Filer ID
4 Date 12/27/2021	5 Payee name Venmo	
6 Amount (\$) \$0.67	7 Payee address; City; State; Zip Code 117 Barrow St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2021	Payee name Vistaprint	
Amount (\$) \$42.27	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2021	Payee name Vistaprint	
Amount (\$) \$13.61	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 10/18	2 FILER NAME Simpson, Kevin	3 Filer ID
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4 Date 08/15/2021	5 Payee name Wix
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6 Amount (\$) \$25.90	7 Payee address; City; State; Zip Code 40 Namal Tel Aviv Street Tel Aviv 7350671 Israel
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website and domain name
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2021	Payee name Wix
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Amount (\$) \$230.58	Payee address; City; State; Zip Code 40 Namal Tel Aviv St Tel Aviv 6350671 Israel
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and domain name
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 1/5 Rpt: 11/18	2 FILER NAME Simpson, Kevin	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/29/2021	6 Payee name Best Texas Tees
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7 Amount (\$) \$2,118.91	8 Payee address; City; State; Zip Code 2403 W Ave N San Angelo, TX 76904
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, banners, and magnets
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/21/2021	Payee name Best Texas Tees
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Amount (\$) \$589.86	Payee address; City; State; Zip Code 2403 W Ave N San Angelo, TX 76904
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/5 Rpt: 12/18	2 FILER NAME Simpson, Kevin	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/13/2021	6 Payee name Best Texas Tees
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7 Amount (\$) \$500.00	8 Payee address; City; State; Zip Code 2403 W Ave N San Angelo, TX 76904
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/16/2021	Payee name Best Texas Tees
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2403 W Ave N San Angelo, TX 76904
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/5 Rpt: 13/18	2 FILER NAME Simpson, Kevin	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/16/2021	6 Payee name Button Chimp/Sign Factory
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7 Amount (\$) \$125.00	8 Payee address; City; State; Zip Code 107 First Street SW Chatfield, MN 55923
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign buttons
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/13/2021	Payee name Q's Printing
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Amount (\$) \$165.37	Payee address; City; State; Zip Code 20 Howard St Ste 8 San Angelo, TX 76901
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/5 Rpt: 14/18	2 FILER NAME Simpson, Kevin	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/15/2021	6 Payee name The Pearly Fox
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7 Amount (\$) \$562.90	8 Payee address; City; State; Zip Code 104 E 19th St San Angelo, TX 76903
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/22/2021	Payee name Tractor Supply
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Amount (\$) \$78.23	Payee address; City; State; Zip Code 2701 Southwest Blvd San Angelo, TX 76904
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense t-posts for signage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 5/5 Rpt: 15/18	2 FILER NAME Simpson, Kevin	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/30/2021	6 Payee name Walgreens
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7 Amount (\$) \$55.20	8 Payee address; City; State; Zip Code 12 N Abe SAN ANGELO, TX 76903
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banners
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2021	Payee name Wix
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Amount (\$) \$5.32	Payee address; City; State; Zip Code 40 Namal Tel Aviv St Tel Aviv 6350671 Israel
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 16/18		2 FILER NAME Simpson, Kevin		3 Filer ID	
4 Date 11/01/2021		5 Payee name Angelo Awards			
6 Amount (\$) \$16.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1605 W Ave N SAN ANGELO, TX 76904			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense name badge	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/30/2021		Payee name TGC Republican Party			
Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2525 Johnson St San Angelo, TX 76904			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Application for place on ballot	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/30/2021		Payee name Taylor, Gray			
Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 720 Edwards Walk Dr Cedar Park , TX 78613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: Sch: 2/2 Rpt: 17/18	2 FILER NAME Simpson, Kevin	3 Filer ID
4 Date 11/16/2021	5 Payee name Tom Green County Elections Office	
6 Amount (\$) \$9.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 113 W Beauregard San Angelo, TX 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter rolls
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 18/18

FILER NAME

Simpson, Kevin

Filer ID

Schedule

A1

Information entered by filer as a memo: