

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>6</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS (MR) <b>(MR)</b> FIRST <b>HOWARD</b> MI <b>S</b>			
		NICKNAME LAST <b>SMITH</b> SUFFIX		CITY SECRETARY'S CITY OF AMARILLO	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year      THROUGH      Month Day Year <b>3 / 31 / 2017</b> <b>4 / 29 / 2017</b>		Receipt #      Amount \$	
				Date Processed	
				Date Imaged	

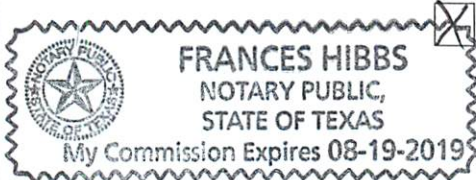
6 EXPLANATION OF CORRECTION  
*Lowered the amount of contributions by \$20.00. Because cannot declare an anonymous contribution. Gave the \$20.00 to Boy Scouts.*

7 AFFIDAVIT  
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Howard Smith*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Howard Smith, this the 2 day of May, 2017, to certify which, witness my hand and seal of office.

*Frances Hibbs*      **Frances Hibbs**      *City Secretary*  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
 Needed To Report And Explain Corrections**

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

Amendment to April 28, 2017 Election Campaign Finance Report

The April 28, 2017 campaign finance report submitted by Amarillo City Council Place #4 candidate Howard Smith included an anonymous cash donation of \$20. Please be advised that a transfer of \$20 has been made from the campaign account by a check to the Golden Spread Council of the Boy Scouts of America. This action is intended to mitigate acceptance of a \$20 anonymous donation to the Howard Smith campaign and is made in good faith to comply with Texas Ethics Commission campaign finance regulations.


*Howard Smith 5-2-2017*

Howard Smith, Candidate for Amarillo City Council Place #4

*Paul Matney 5-2-17*

Paul Matney, Campaign Treasurer for Howard Smith Campaign.

WHITCO

HOWARD S. SMITH CAMPAIGN ACCOUNT 1616 S POLK ST AMARILLO, TX 79102	Date <u>5-1</u> 20 <u>17</u>	1009 88-1087/1113
Pay to the order of <u>Golden Spread Council Boy Scouts of America</u> \$ <u>20.00</u>	<u>Twenty and 00/100</u>	Dollars
 <b>HAPPY STATE BANK</b> AND TRUST COMPANY	For <u>Contribution</u>	<u>Howard S. Smith</u> MP
⑆ 111310870⑆ 62338952⑆ 1009		

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**COPY**

**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:

23

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
 HOWARD S.  
 NICKNAME LAST SUFFIX  
 SMITH

**OFFICE USE ONLY**

Date Received

RECEIVED

APR 28 2017

CITY SECRETARY'S  
CITY OF AMARILLO

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 1616 S. BOLK AMARILLO, TX 79102

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (806) 358-8381

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 PAUL  
 NICKNAME LAST SUFFIX  
 MATNEY

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 3918 EATON AMARILLO, TX 79109

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (806) 584-8229

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
 03 / 31 / 2017    THROUGH    04 / 29 / 2017

11 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     Other Description  
 05 / 06 / 2017     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

AMARILLO CITY COUNCIL  
PLACEY

**GO TO PAGE 2**

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>HOWARD SMITH</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <del>10,435.00</del> <sup>5-2-17</sup> \$ 10,415.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 24.50
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,074.49
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:

9/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

~~4-11-17~~

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

~~Anonymous~~

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

~~\$20.00~~

\$5-2-17

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jim Carr

Contributor address; City; State; Zip Code

3707 Huntington Amarillo, Tx 79109

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

T. & K. Jaramillo

Contributor address; City; State; Zip Code

3704 Van Tassel Amarillo, Tx 79121

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Richard & Susan Bechtol

Contributor address; City; State; Zip Code

7305 Deann Circle Amarillo, Tx 79121

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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: <b>23</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST <b>HOWARD</b>	MI <b>S.</b>
	NICKNAME	LAST <b>SMITH</b>	SUFFIX
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1616 S. BOLK AMARILLO, TX 79102</b>		
	<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(806)</b>	PHONE NUMBER <b>358-8381</b>
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST <b>PAUL</b>	MI
	NICKNAME	LAST <b>MATNEY</b>	SUFFIX
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3918 EATON AMARILLO, TX 79109</b>		
	<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>(806)</b>	PHONE NUMBER <b>584-8229</b>
<b>9</b> REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year           Month      Day      Year <b>03 / 31 / 2017</b> THROUGH <b>04 / 29 / 2017</b>		
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year <b>05 / 06 / 2017</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>AMARILLO CITY COUNCIL PLACE 4</b>

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 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. 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.	
	<input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: COMMITTEE NAME TEXAS REALTORS PAC
		COMMITTEE ADDRESS P.O. BOX 2246 AUSTIN, TEXAS 78768-2246
		COMMITTEE CAMPAIGN TREASURER NAME LANCE LACY
		COMMITTEE CAMPAIGN TREASURER ADDRESS 5118 KNICKERBOCKER RD. SAN ANGELO, TX 76904

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 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.

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

---

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



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>HOWARD SMITH</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,435.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 24.50
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,074.49
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>HOWARD SMITH</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>24.50</u>	
5 Date <u>4-20</u> <u>17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BOB FENLEY</u>	8 Amount of Contribution \$ <u>24.50</u>	9 In-kind contribution description <u>POSTAGE</u>
7 Contributor address; City; State; Zip Code <u>7025 O'NEILL DR.</u> <u>AMARILLO, TX 79109</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>RETIRED</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <u>RETIRED</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>-</u>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME HOWARD SMITH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-12-17	<b>5</b> Payee name DOUBLE U MARKETING	
<b>6</b> Amount (\$) 12,033.17	<b>7</b> Payee address; City; State; Zip Code 1608 S. WASHINGTON, AMARILLO, TX 79101	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4-25-17	Payee name OFFICE DEPOT	
Amount (\$) 30.84	Payee address; City; State; Zip Code 2622 WOLFLIN VILLAGE AMARILLO, TX 79109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OFFICE SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3-31-17 TO 4-28-17	Payee name PAYPAL	
Amount (\$) 10.48	Payee address; City; State; Zip Code WWW.PAYPAL.COM	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 / 17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-2-17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert Bauman

7 Amount of contribution (\$)

\$20<sup>00</sup>

6 Contributor address;

City; State; Zip Code

2610 S. Harrison Amarillo, Tx 79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dennis & Cindy Clouch

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City; State; Zip Code

7706 Pebblebrook Amarillo, Tx 79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

David Horsley & Michele Fortunato

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City; State; Zip Code

1710 S. Harrison Amarillo, Tx 79102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mr. & Mrs. Stanton Morris, Jr.

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City; State; Zip Code

6308 Calumet Amarillo, Tx 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 / 17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-4-17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Howard & Lisa Batson

6 Contributor address;

City; State; Zip Code

9110 Lundy Lane Amarillo, Tx 79119

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bill & Virginia Pair

Contributor address;

City; State; Zip Code

3615 Lynette Amarillo, Tx 79109

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lyndon & Judy Latham

Contributor address;

City; State; Zip Code

4003 Lynette Amarillo, Tx 79109

Amount of contribution (\$)

\$200<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Richard & Gerry McKay

Contributor address;

City; State; Zip Code

3203 S. Ong Amarillo, Tx 79109

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-4-17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Blaine & Kelly Roberts

6 Contributor address;

City; State; Zip Code

2818 S. Lipscomb Amarillo, Tx 79109

7 Amount of contribution (\$)

\$500<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dan & Brenda Talley

Contributor address;

City; State; Zip Code

2206 S. Parker Amarillo, Tx 79109

Amount of contribution (\$)

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-4-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Milton

Contributor address;

City; State; Zip Code

2809 S. Bowie Amarillo, Tx 79109

Amount of contribution (\$)

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Cambridge

Contributor address;

City; State; Zip Code

2201 Civic Circle Amarillo, Tx 79109

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

F.G. Collard, III

6 Contributor address;

City; State; Zip Code

10 Edgewater Amarillo, Tx 79106

7 Amount of contribution (\$)

\$200<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-5-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Shirley Thomas

Contributor address;

City; State; Zip Code

7511 Sleepy Hollow Amarillo, Tx 79121

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cecil & Sondra Hawkins, Jr.

Contributor address;

City; State; Zip Code

6602 Kingsbury Amarillo, Tx 79109

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jeff M. Neely, Jr.

Contributor address;

City; State; Zip Code

P.O. Box 506 Amarillo, Tx 79105

Amount of contribution (\$)

\$25<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

5 Full name of contributor

A. Preston

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50<sup>00</sup>

6 Contributor address;

City; State; Zip Code

5702 Crabtree Ct. Amarillo, Tx 79119

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

Full name of contributor

Daniel & Glenda Smyth

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25<sup>00</sup>

Contributor address;

City; State; Zip Code

3907 Navasota Amarillo, Tx 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

Full name of contributor

Dr. & Mrs. Steven J. Austin

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250<sup>00</sup>

Contributor address;

City; State; Zip Code

2815 S. Georgia Amarillo, Tx 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

Full name of contributor

Pat & Bev Williams

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50<sup>00</sup>

Contributor address;

City; State; Zip Code

5107 Plaza Amarillo, Tx 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 / 17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-10-17

5 Full name of contributor

W.H. & Alice O'Brien

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$200<sup>00</sup>

6 Contributor address;

City; State; Zip Code

800 S. Monroe Amarillo, Tx 79101

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-17

Full name of contributor

Mr. & Mrs. J. Pat Hickman

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City; State; Zip Code

150 Laurel Leaf Ln. Canyon, Tx 79015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

Full name of contributor

Richard F. Brown

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City; State; Zip Code

P.O. Box 9418 Amarillo, Tx 79105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-17

Full name of contributor

Edward R. Scott, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City; State; Zip Code

6003 Tuscany Amarillo, Tx 79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 / 17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David & Patricia Baker

6 Contributor address; City; State; Zip Code

6708 Gainsborough Amarillo, Tx 79106

7 Amount of contribution (\$)

\$25<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

B.J. Ferguson & J.L. Massie

Contributor address; City; State; Zip Code

1300 S. Jackson #801 Amarillo, Tx 79101

Amount of contribution (\$)

\$25<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Robert Altman

Contributor address; City; State; Zip Code

3504 Farwell Amarillo, Tx 79104

Amount of contribution (\$)

\$50<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Debbie Shields

Contributor address; City; State; Zip Code

8102 City View Amarillo, Tx 79118

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mrs. P. Grayson Martin

6 Contributor address;

City; State; Zip Code

1914 NW. 19th Amarillo, Tx 79107

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Steve Rogers

Contributor address;

City; State; Zip Code

5304 Tawney Amarillo, Tx 79106

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Wendi Finney Swope

Contributor address;

City; State; Zip Code

2112 S. Travis Amarillo, Tx 79109

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Marcus Norris

Contributor address;

City; State; Zip Code

1620 S. Polk Amarillo, Tx 79102

Amount of contribution (\$)

\$20<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

5 Full name of contributor

Anonymous

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$20<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

Full name of contributor

Jim Carr

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$100<sup>00</sup>

3707 Huntington Amarillo, Tx 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor

T. & K. Jaramillo

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$25<sup>00</sup>

3704 Van Tassel Amarillo, Tx 79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor

Richard & Susan Bechtol

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$100<sup>00</sup>

7305 Deann Circle Amarillo, Tx 79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 / 17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

5 Full name of contributor

Jack & Susan Robinson

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100<sup>00</sup>

6 Contributor address;

City; State; Zip Code

3312 Danvers Amarillo, Tx 79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

Full name of contributor

Linda Brian

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City; State; Zip Code

11 Didrickson Amarillo, Tx 79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor

Gary & Sally Jennings

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City; State; Zip Code

4503 Greenwich Amarillo, Tx 79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor

Jinger White

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City; State; Zip Code

6609 Sandie Amarillo, Tx 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 / 17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Howard & Denise Price

6 Contributor address; City; State; Zip Code

111 E. Cherry Amarillo, Tx 79108

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Claudette Landess

Contributor address; City; State; Zip Code

9 Teal Ct. Amarillo, Tx 79106

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gary Papay

Contributor address; City; State; Zip Code

720 W. 17th Amarillo, Tx 79102

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Russell & Cathy Bailey

Contributor address; City; State; Zip Code

4526 Tutbury Amarillo, Tx 79119

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Celia Welsch

6 Contributor address;

City; State; Zip Code

3501 Carlton Amarillo, Tx 79109

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-14-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dee Miller

Contributor address;

City; State; Zip Code

5315 Berget Amarillo, Tx 79106

Amount of contribution (\$)

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-07

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kerry Drmson

Contributor address;

City; State; Zip Code

5501 W. 9th Amarillo, Tx 79106

Amount of contribution (\$)

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-14-07

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Brandon Kuhn

Contributor address;

City; State; Zip Code

3702 Rutson Amarillo, Tx 79109

Amount of contribution (\$)

\$500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

5 Full name of contributor

Steven & Linda Kurts

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

220 Caddo Amarillo, TX 79108

7 Amount of contribution (\$)

\$500<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-17-17

Full name of contributor

Sandera Dear-DeWeese

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

3801 Line Ave. Amarillo, TX 79106

Amount of contribution (\$)

\$25<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-17

Full name of contributor

Lawrence & Sharon Oeschger

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

#11 Citadel Amarillo, TX 79124

Amount of contribution (\$)

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-17

Full name of contributor

Joella McPherson

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1600 N. Woodland Amarillo, TX 79107

Amount of contribution (\$)

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14/17

2 FILER NAME

Howard Smith

3 Filer ID (Ethics Commission Filers)

4 Date

4-18-17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Randy & Debbie Jeffers

6 Contributor address; City; State; Zip Code

6214 McCoy Dr. Amarillo, TX 79109

7 Amount of contribution (\$)

\$250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-20-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mr. & Mrs. Robert R. Sanders

Contributor address; City; State; Zip Code

3800 Doris Dr. Amarillo, TX 79109

Amount of contribution (\$)

\$25<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mark Birins

Contributor address; City; State; Zip Code

P.O. Box 708

Amount of contribution (\$)

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROBER S. COX & SUSAN

Contributor address; City; State; Zip Code

2821 Crockett Amarillo, TX 79109

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

15/17

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

4-24-17

5 Full name of contributor

DON TATUM

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

4423 EVELYN, AMARILLO, TX 79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-24  
17

Full name of contributor

DOUG & VICKIE GROSS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

2611 S. BONIE AMARILLO, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24  
17

Full name of contributor

ANNE P. HERNANDEZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

1711 S. POLK AMARILLO, TX 79102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24  
17

Full name of contributor

KEITH JONES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

2900 S. POLK AMARILLO, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

16 / 17

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

4-26  
17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SUE LAWRENCE

6 Contributor address;

City; State; Zip Code

2217 S. ONE AMARILLO, TX 79109

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-26  
17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

STEPHEN T. HOYLE  
SUSAN HOYLE

Contributor address;

City; State; Zip Code

2419 S. CROCKETT AMARILLO, TX 79109

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-26  
17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

LEON & GEORGIA SWIFT

Contributor address;

City; State; Zip Code

2401 W. 26TH  
AMARILLO, TX 79109

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-26  
17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GLENN McMENAMY

Contributor address;

City; State; Zip Code

84 PALOMINO AMARILLO, TX 79106

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17 / 17

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

4-28

17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

HUGH W. WILSON III / RENEE

6 Contributor address;

City; State; Zip Code

6002 WINDHAM, AMARILLO, TX 79109

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

AMARILLO MATTERS

SPECIFIC

COMMITTEE ADDRESS

P.O. Box 1532  
AMARILLO, TX 79101

COMMITTEE CAMPAIGN TREASURER NAME

ANDREW HALL

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. Box 1532  
AMARILLO, TX 79101

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ 10,755.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 12,074.49

CONTRIBUTION  
BALANCE

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

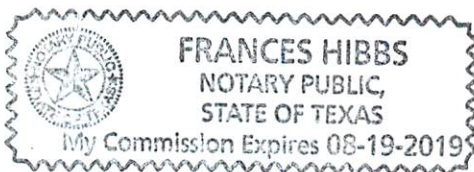
\$ 15,589.81

OUTSTANDING  
LOAN TOTALS

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

\$

18 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.

*Howard Smith*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Howard Smith, this the 28 day of April, 2017, to certify which, witness my hand and seal of office.

*Frances Hibbs*

Signature of officer administering oath

Frances Hibbs

Printed name of officer administering oath

City Secretary

Title of officer administering oath