## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction	2 Total pages filed:					
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS (MR) FIRST	мі 5.	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	SM TH	RECEIVED				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ARILLO TX 79102	JAN 15 2018			
Change of Address	1751 0007		CITY SECRETARY'S CITY OF AMARILLO			
5 CANDIDATE/ OFFICEHOLDER PHONE	(806) 358-838	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST	МІ	Receipt # Amount \$			
NAME	NICKNAME LAST	Date Processed				
	MATNEY	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU  3918 EATON	AMARILLO, TX	79109			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 584=8229	EXTENSION				
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 7 / 1 / 2 017	THROUGH 12	Day Year 30 / 2017			
11 ELECTION	Month Day Year Primary  General	Runoff Other Description Special				
12 OFFICE	AMARILLO CITY COUNCE PLACE 4	13 OFFICE SOUGHT (if known)				
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		19	5 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					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
*		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 300.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ -0-			
	4. TOTAL POLITICAL EXPENDITURES		\$ 29.5.63			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 19.74			
OUTSTANDING LOAN TOTALS	6. TOTAL P	\$ -O -				
18 AFFIDAVIT						
FRANCES HIBBS NOTARY PUBLIC, STATE OF TEXAS My Commission Expires 08-19-2019  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/SEALABOVE						
Sworn to and subscribed before me, by the said Howard SHIT , this the day of John 20 120 18 , to certify which, witness my hand and seal of office.						
day of 20 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	19 FILER NAME +16 WARD SMITH 20 Filer ID (Ethics Co		mmission Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1	: MONETARY POLITICAL CONTRIBUTIONS		\$ 300,00
2.	SCHEDULE A2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B:	PLEDGED CONTRIBUTIONS		\$ -0-
4.	SCHEDULE E:	LOANS		\$ -0-
5.	SCHEDULE F1	: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 295.63
6.	SCHEDULE F2:	: UNPAID INCURRED OBLIGATIONS		\$ -0-
7.	SCHEDULE F3	: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	\$ -0-	
8.	SCHEDULE F4	: EXPENDITURES MADE BY CREDIT CARD		\$ -0-
9.	SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$ -0-
10.	SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$ - 0-
11.	SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ - 0 -
12.	SCHEDULE K: RETURNED TO	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HOWARD SMITH 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) 11-15 HOWARD SMITH 2017 6 Contributor address; City; State; Zip Code 1616 POLK AMARICLO, TX 79102 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 (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; 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.

# POLITICAL EXPENDITURES MADE 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 Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HOWARD SMITH 11-3-2017 6 Amount (\$) DOUGLE U MARKETING 1608 S. WASHINGTON, AMARIGLO TX 79102 270.63 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** ADVERTISING EXPENSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 12-92-2017 DOUBLE U MARKETIXIE Amount (\$) Payee address: City: State: Zip Code 1608 S. WASHINGTON, AMARICIO, TX 79102 25.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE ADVERTISING EXPENSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED