

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Claudette R	OFFICE USE ONLY Date Received RECEIVED APR 04 2019 CITY SECRETARY'S CITY OF AMARILLO Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Smith		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 4410 Van Kriston Dr. Amarillo, TX 79121		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 678-5261		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Arthur C	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Acord	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Imaged	
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 3440 Bell St, Ste 320 PMB 238 Amarillo, TX 79109			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 283-3677		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1/1/2019 THROUGH 3/25/2019		
11 ELECTION	ELECTION DATE Month Day Year 05/04/2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Ms. Claudette R Smith **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

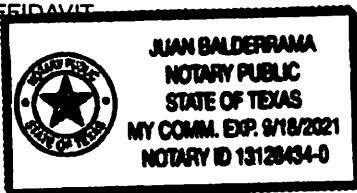
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	N/A
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	N/A
	COMMITTEE CAMPAIGN TREASURER NAME
	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	N/A

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1001.84
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4296.80
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 79.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 5871.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1272.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4925.00

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.

Claudette R Smith
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Claudette R Smith, this the 04 day of April, 2019, to certify which, witness my hand and seal of office.

Juan Balderrama
Signature of officer administering oath

Juan Balderrama
Printed name of officer administering oath

Notary public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Ms. Claudette

R Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1496.80
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2800.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5399.18
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5791.55
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3

2 FILER NAME

Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers)

4 Date

1/27/2019

5 Full name of contributor

out-of-state PAC ID#: _____

Fisher Enterprises, LTD

7 Amount of contribution (\$)

500

6 Contributor address;

City: State: Zip Code

7606 SW 34TH STE. 1 PMB 238, Amarillo TX 79121

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/2019

Full name of contributor

out-of-state PAC ID#: _____

Ricky Sprouse

Amount of contribution (\$)

96.80

Contributor address;

City: State: Zip Code

104 Riveria Trail, Amarillo TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/11/2019

Full name of contributor

out-of-state PAC ID#: _____

Ronnie Kenyon

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

1625 N Woodland St, Amarillo TX 79107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/2019

Full name of contributor

out-of-state PAC ID#: _____

Ronnie Kenyon

Amount of contribution (\$)

100

Contributor address;

City: State: Zip Code

1625 N Woodland St, Amarillo TX 79107

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
2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draconian Performance 6 Contributor address: City: State: Zip Code 7713 Lamount Dr. Amarillo Texas 79110	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Buentello Enterprises Contributor address: City: State: Zip Code 2714 S Roosevelt, Amarillo, TX 79103	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel South Contributor address: City: State: Zip Code 7003 Windridge Pl, Amarillo TX 79109	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus O'Neal Contributor address: City: State: Zip Code 7713 Lamount Dr. Amarillo Texas 79110	Amount of contribution (\$) 150
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
2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Marcus O'Neal 6 Contributor address: City: State: Zip Code 7713 Lamount Dr. Amarillo Texas 79110	7 Amount of contribution (\$) 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2800.00	
5 Date 3/19/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fisher Enterprises, LTD 7 Contributor address: City: State: Zip Code 7606 SW 34TH STE. 1 PMB 238, Amarillo TX 79121	8 Amount of Contribution \$ 2800	9 In-kind contribution description website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CEO, Web Software Development		11 Employer (FOR NON-JUDICIAL)(See Instructions) Fisher Enterprises, LTD	
12 Contributor's principal occupation (FOR JUDICIAL)		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)			
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.			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 1/4/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Claudette Smith	9 Loan Amount (\$) \$ 474.18
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address: City: State: Zip Code 4410 Van Kriston Dr. Amarillo, TX 79121	10 Interest rate 0 %
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Candidate		13 Employer (See Instructions) Self
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 (See Instructions)		21 Employer (See Instructions)
Date of loan 3/3/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Fisher Enterprises, LTD	Loan Amount (\$) 475.00
Is lender a financial institution? Y <input checked="" type="checkbox"/>	Lender address: City: State: Zip Code 7606 SW 34TH STE. 1 PMB 238, Amarillo TX 79121	Interest rate 0 %
		Maturity date N/A
Principal occupation / Job title (See Instructions) CEO, Software Developer		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address: City: State: Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 3/15/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher Enterprises, LTD	9 Loan Amount (\$) 2125.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/>	8 Lender address: City: State: Zip Code 7606 SW 34TH STE. 1 PMB 238, Amarillo TX 79121	10 Interest rate 0 %
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CEO, Software Developer		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address: City: State: Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/18/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher Enterprises, LTD	Loan Amount (\$) 2025.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/>	Lender address: City: State: Zip Code 7606 SW 34TH STE. 1 PMB 238, Amarillo TX 79121	Interest rate 0 %
		Maturity date N/A
Principal occupation / Job title (See Instructions) CEO, Software Developer		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 3/25/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher Enterprises, LTD	9 Loan Amount (\$) 300.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address: City: State: Zip Code 7606 SW 34TH STE. 1 PMB 238, Amarillo TX 79121	10 Interest rate 0 %
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CEO, Software Developer		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address: City: State: Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address: City: State: Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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	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: 4	2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 1/18/2019	5 Payee name
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6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code 4410 Van Kriston Dr, Amarillo TX, 79121
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8 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 Bank Fees & deposit from personal funds
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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 2/6/2019	Payee name Claudette Smith
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Amount (\$) 50.00	Payee address; City; State; Zip Code 4410 Van Kriston Dr, Amarillo TX, 79121
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursed Facebook Ads
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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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Date 2/6/2019	Payee name Claudette Smith
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Amount (\$) 50.00	Payee address; City; State; Zip Code 4410 Van Kriston Dr, Amarillo TX, 79121
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursed Facebook Ads
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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: 4	2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 2/7/2019	5 Payee name Claudette Smith
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6 Amount (\$) 50.00	7 Payee address: City: State: Zip Code 4410 Van Kriston Dr, Amarillo TX, 79121
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8 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 Reimbursed Facebook Ads
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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 3/3/2019	Payee name TheSignSource.net
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Amount (\$) 475.00	Payee address: City: State: Zip Code P.O. Box 878, Cornelius, NC 28031
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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 Yard 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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Date 3/10/2019	Payee name Vista Print
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Amount (\$) 199.18	Payee address: City: State: Zip Code 275 Wyman St, Waltham, MA 02451
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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 Business Cards
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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: 4	2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2019	5 Payee name TheSignSource.net	
6 Amount (\$) 2125.00	7 Payee address; City; State; Zip Code P.O. Box 878, Cornelius, NC 28031	
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 Yard signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/18/2019	Payee name Burkett Outdoor	
Amount (\$) 2025.00	Payee address; City; State; Zip Code PO Box 50372, Amarillo, TX 79159	
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 Digital Billboard Signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/21/2019	Payee name VistaPrint	
Amount (\$) 392.37	Payee address; City; State; Zip Code 275 Wyman St, Waltham, MA 02451	
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 Door hangers and info cards
	9 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

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.

1 Total pages Schedule F1: 4	2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 3/25/2019	5 Payee name Fisher Enterprises, LTD
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6 Amount (\$) 300	7 Payee address: City: State: Zip Code Fisher Enterprises, LTD
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8 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 Assistant
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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	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED