

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 32,425.01

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 7920.39

CONTRIBUTION
BALANCE

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

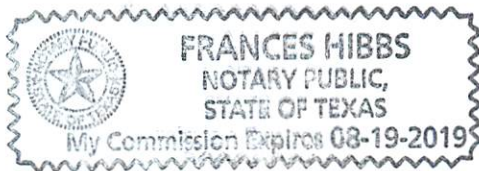
\$ 24574.36

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 4 day of April, 2019, 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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME HOWARD 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 | \$ 32,425.01 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1,000.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ — |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ — |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,920.39 |
| 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:

19

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-22-2019

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

AMARILLO ASSOCIATION OF REACTORS

7 Amount of contribution (\$)

5000.

6 Contributor address; City; State; Zip Code

5601 ENTERPRISE CIRCLE, AMARILLO, TX 79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-23-2019

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

DANIEL & GLENDA SMYTH

Amount of contribution (\$)

25.

Contributor address; City; State; Zip Code

3907 NAVASOTA AMARILLO, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-2019

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

HARVEY & ALONA ELMS

Amount of contribution (\$)

25.

Contributor address; City; State; Zip Code

6304 JAMESON AMARILLO, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-2019

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

DENNIS & CINDY CLOINCH

Amount of contribution (\$)

100.

Contributor address; City; State; Zip Code

7706 PEBBLE BROOK 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: |
| 2 FILER NAME HOWARD SMITH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-23 2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael C. Hughes 6 Contributor address; City; State; Zip Code P.O. Box 51149 AMARILLO, TX 79159 | 7 Amount of contribution (\$) \$ 500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1-23 2019 | Full name of contributor <input type="checkbox"/> 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 (\$) \$ 25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-24 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cliff Bickerstaff Contributor address; City; State; Zip Code 410 S. Taylor AMARILLO, TX 79101 | Amount of contribution (\$) \$ 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-23 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. Garland Sell Contributor address; City; State; Zip Code 7801 Clearmeadow AMARILLO, TX 79119 | 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: |
| 2 FILER NAME HOWARD SMITH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-25 2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John L. Milton | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 2809 Bowie AMARILLO, TX 79109 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1-25 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg and Julie Mitchell | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 3005 S. Ong AMARILLO, TX 79109 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-24 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. + Mrs. Robert Sanders | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code 3800 Doris AMARILLO, TX 79109 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-24 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Hall | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 500 S. Taylor AMARILLO, TX 79101 | | |
| 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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-24
2019

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

Glen Parlsey

6 Contributor address;

P.O. Box 2966

City; State; Zip Code

AMARILLO, TX
79105

7 Amount of contribution (\$)

\$250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-24
2019

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

Rodger and Sue Lawrence

Contributor address;

2217 Ong

City; State; Zip Code

AMARILLO, TX
79109

Amount of contribution (\$)

\$250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24
2019

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

W. H. Brian, Jr

Contributor address;

PO Box 9238

City; State; Zip Code

AMARILLO, TX
79105

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-25
2019

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

Thomas C. Riney

Contributor address;

320 S. Polk

City; State; Zip Code

AMARILLO, TX
79101

Amount of contribution (\$)

\$100⁰⁰

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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-25
2019

5 Full name of contributor

Bill Gilliland

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500⁰⁰

6 Contributor address;

500 S. Tyler

City; State; Zip Code

AMARILLO, TX
79101

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29
2019

Full name of contributor

Rita + Rick Kuehl

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200⁰⁰

Contributor address;

5215 Clearwater AMARILLO, TX
79110

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28
2019

Full name of contributor

Sharon Ann Bowers

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25⁰⁰

Contributor address;

6700 Smoketree AMARILLO, TX
79124

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-25
2019

Full name of contributor

Mark Bivins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

P.O. Box 708

City; State; Zip Code

AMARILLO, TX
79105

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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2-2
2019

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

Samuel and Carol Lovelady

6 Contributor address;

2817 Crockett

City; State; Zip Code

AMARILLO, TX

79109

7 Amount of contribution (\$)

\$ 100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-28
2019

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

Jason and Shannon Herrick

Contributor address;

7901 Valcour

City; State; Zip Code

AMARILLO, TX

79119

Amount of contribution (\$)

\$ 250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30
2019

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

Barry Peterson

Contributor address;

500 S. Tyler
Suite 1600

City; State; Zip Code

AMARILLO, TX

79101

Amount of contribution (\$)

\$ 250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28
2019

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

Leon and Sue Church

Contributor address;

6903 Cayman Ct

City; State; Zip Code

AMARILLO, TX

79124

Amount of contribution (\$)

\$ 100⁰⁰

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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-25
2019

5 Full name of contributor

Judy Norris

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

1620 Polk

City; State; Zip Code

AMARILLO, TX
79102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29
2019

Full name of contributor

John Kritser

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

PO Box 31888

City; State; Zip Code

AMARILLO, TX
79120

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-2
2019

Full name of contributor

Dr. Wesand Melba Langham

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

4715 Cape Colony

City; State; Zip Code

AMARILLO, TX
79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28
2019

Full name of contributor

Milton and Lucise Tyson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

2220 S. Tyler

City; State; Zip Code

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2-1
2019

5 Full name of contributor

out-of-state PAC (ID#: _____)

Hugh and Tamara Bonifield

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address;

City; State; Zip Code

4900 Erik

AMARILLO, TX
79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-4
2019

Full name of contributor

out-of-state PAC (ID#: _____)

Steven and R'Jana Becker

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City; State; Zip Code

7821 Cervin

AMARILLO, TX
79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4
2019

Full name of contributor

out-of-state PAC (ID#: _____)

Moncia R. Kelly

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

2301 Judy

AMARILLO, TX
79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-6
2019

Full name of contributor

out-of-state PAC (ID#: _____)

James Beckham

Amount of contribution (\$)

\$200⁰⁰

Contributor address;

City; State; Zip Code

1507 Lamar

AMARILLO, TX
79102

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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2-8
2019

5 Full name of contributor

out-of-state PAC (ID#: _____)

Stephan and Sharon Dalrymple

6 Contributor address;

City; State; Zip Code

1521 Rusk

AMARILLO, TX
79102

7 Amount of contribution (\$)

\$ 250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-11
2019

Full name of contributor

out-of-state PAC (ID#: _____)

Rudy Kaye Gleason

Contributor address;

City; State; Zip Code

P.O. Box 50477

AMARILLO, TX
79159

Amount of contribution (\$)

\$ 50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11
2019

Full name of contributor

out-of-state PAC (ID#: _____)

Alex and Cheryl Fairly

Contributor address;

City; State; Zip Code

3221 S. Milam

AMARILLO, TX
79109

Amount of contribution (\$)

\$ 5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12
2019

Full name of contributor

out-of-state PAC (ID#: _____)

Jeff Reasoner

Contributor address;

City; State; Zip Code

7313 Smoke Tree

AMARILLO, TX
79124

Amount of contribution (\$)

\$ 100⁰⁰

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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2/10
2019

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

Dean Morrison

7 Amount of contribution (\$)

\$500

6 Contributor address;

2609 Hughes

City; State; Zip Code

AMARILLO, TX
79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/13
2019

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

Tony Rhodes

Amount of contribution (\$)

\$100

Contributor address;

6 Cambridge Rd.

City; State; Zip Code

AMARILLO, TX
79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14
2019

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

Dorothy Caldwell

Amount of contribution (\$)

\$25.00

Contributor address;

4 monettrue

City; State; Zip Code

AMARILLO, TX
79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14
2019

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

Dan & Brenda Tallery

Amount of contribution (\$)

\$100

Contributor address;

2206 Parker

City; State; Zip Code

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date
2/15
2019

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

Bill Chudej

6 Contributor address; City; State; Zip Code
1619 Taylor AMARILLO, TX 79109

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/15
2019

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

Bill & Janice Harsch

Contributor address; City; State; Zip Code
3407 Rutson AMARILLO, TX 79109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/20
2019

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

Joe & Linda Street

Contributor address; City; State; Zip Code
5204 Spartanburg AMARILLO, TX 79119

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/20
2019

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

Howard & Lisa Batson

Contributor address; City; State; Zip Code
9110 Lundy In AMARILLO, TX 79119

Amount of contribution (\$)

\$100

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 FILER NAME HOWARD SMITH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Boyd 6 Contributor address; City; State; Zip Code 1014 S. Van Buren AMARILLO, TX 79109 | 7 Amount of contribution (\$) \$100 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2/18 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hugh & Renee Wilson Contributor address; City; State; Zip Code 6002 Windham AMARILLO, TX 79109 | Amount of contribution (\$) \$50 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/18 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Jim Simms Contributor address; City; State; Zip Code #14 Willow Bridge AMARILLO, TX 79106 | Amount of contribution (\$) \$100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/18 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Paul & Sandy Matney Contributor address; City; State; Zip Code 3918 Eaton AMARILLO, TX 79109 | Amount of contribution (\$) \$200 |
| 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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2019

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

Richard McKay

6 Contributor address;

3203 S. Ong

City; State; Zip Code

AMARILLO, TX

79109

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22

2019

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

Steve Rogers

Contributor address;

5304 Tawney

City; State; Zip Code

AMARILLO, TX

79106

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22

2019

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

~~Steve Rogers~~ A. Preston

Contributor address;

5702 Crabtree Court

City; State; Zip Code

AMARILLO, TX

79119

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25

2019

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

Shirley Thomas

Contributor address;

7511 Sleepy Hollow

City; State; Zip Code

AMARILLO, TX

79121

Amount of contribution (\$)

\$50

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 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/7
2019

5 Full name of contributor

Jack Robinson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$150

6 Contributor address;

3312 Danvers

City; State; Zip Code

AMARILLO, TX
79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7
2019

Full name of contributor

Mary Bagwell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

100 Banks

City; State; Zip Code

AMARILLO, TX
79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7
2019

Full name of contributor

Mike & Sandi Bryant

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300

Contributor address;

P.O. Box 19758

City; State; Zip Code

AMARILLO, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7
2019

Full name of contributor

Kathleen Morris

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

6308 Cabernet

City; State; Zip Code

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 FILER NAME HOWARD SMITH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/7 2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Bev Harris 6 Contributor address; City; State; Zip Code 7802 Stuyvesant AMARILLO, TX 79121 | 7 Amount of contribution (\$) \$250 |
| 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#: _____) Charlotte Sanders Contributor address; City; State; Zip Code #9 Teal Ct. AMARILLO, TX 79106 | Amount of contribution (\$) \$250 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/7 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee Miller Contributor address; City; State; Zip Code 5315 Berget AMARILLO, TX 79106 | Amount of contribution (\$) \$250 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/4 2019 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) m/m L. Dale Bippus Contributor address; City; State; Zip Code 1614 Jordan AMARILLO, TX 79106 | Amount of contribution (\$) \$50 |
| 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 FILER NAME HOWARD SMITH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/9 2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil / Nancy Woodall | 7 Amount of contribution (\$) \$25 |
| 6 Contributor address; City; State; Zip Code 3921 Woodfield AMARILLO, TX 79109 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/8 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Jeffers | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code 6214 McCoy AMARILLO, TX 79109 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/9 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) m/m W.F. Countiss | Amount of contribution (\$) \$500 |
| Contributor address; City; State; Zip Code 3805 Carlton AMARILLO, TX 79109 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/8 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.P. Hickman | Amount of contribution (\$) \$500 |
| Contributor address; City; State; Zip Code 150 Laurel leaf ln AMARILLO, TX 79015 | | |
| 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 FILER NAME HOWARD SMITH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/11 2019 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) m/m Leon Swift | 7 Amount of contribution (\$) \$50 |
| 6 Contributor address; City; State; Zip Code 2401 W. 26th AMARILLO, TX 79109 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/18 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy & Stacy Sharp | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code 7909 Continental Pkwy AMARILLO, TX 79119 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/19 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R.J. Harpole | Amount of contribution (\$) \$100 |
| Contributor address; City; State; Zip Code 7703 Pebble brook AMARILLO, TX 79119 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/18 2019 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard & Susan Bechtel | Amount of contribution (\$) \$250 |
| Contributor address; City; State; Zip Code 7305 Owniven Cir AMARILLO, TX 79109 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/20
2019

5 Full name of contributor

John Mazola

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 300

6 Contributor address;

2808 Bonham

City; State; Zip Code

AMARILLO, TX
79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20
2019

Full name of contributor

Thomas Novak

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address;

9100 Perry

City; State; Zip Code

AMARILLO, TX
79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22
2019

Full name of contributor

Ronald Boyd

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

1014 Van Buren

City; State; Zip Code

AMARILLO, TX
79101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 1
2019

Full name of contributor

Lilia Escajeda

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

P.O. Box 33044

City; State; Zip Code

AMARILLO, TX

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.

MONEY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/30
2019

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

Gary Jennings

6 Contributor address;

4503 Greenwich Pl

City; State; Zip Code

AMARILLO, TX

79110

7 Amount of contribution (\$)

\$100.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12
2019

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

Jonathan Travis

Contributor address;

1914 S. Harrison

City; State; Zip Code

AMARILLO, TX

79109

Amount of contribution (\$)

.01

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-1
2019

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

BONNIE COX

Contributor address;

6549 18th St.

City; State; Zip Code

GREELEY, CO

80634

Amount of contribution (\$)

100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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: <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>1,000.00</u> | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BARAY PETER JON</u> | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; Zip Code <u>600 S. TYLER, SUITE 1600 AMARILCO TX 79101</u> | <u>1,000.00</u> | <u>MEET & BRACKET AT HIS HOUSE</u> |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>ATTORNEY</u> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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: | 2 FILER NAME HOWARD SMITH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-10-2019 | 5 Payee name DOUBLE U MARKETING | |
| 6 Amount (\$) 797.01 | 7 Payee address; City; State; Zip Code 1608 S. WASHINGTON AMARILLO, TX 79102 | |
| 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| Date 2-15-2019 | Payee name DOUBLE U MARKETING | |
| Amount (\$) 2134.85 | Payee address; City; State; Zip Code 1608 S. WASHINGTON AMARILLO, TX 79102 | |
| 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| Date 3-13-2019 | Payee name DOUBLE U MARKETING | |
| Amount (\$) 4748.23 | Payee address; City; State; Zip Code 1608 S. WASHINGTON AMARILLO, TX 79102 | |
| 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |

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: | 2 FILER NAME HOWARD SMITH | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|-------------------------------------|--|

| | |
|-------------------------------|---|
| 4 Date 1-16 2019 | 5 Payee name CITY OF AMARILLO |
|-------------------------------|---|

| | |
|--------------------------------|--|
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 601 S. BULHAVAN, AMARILLO, TX 79101 |
|--------------------------------|--|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FILING FEE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------|--------------------------|
| Date 3-7 2019 | Payee name PAYPAL FEE |
|---------------------|--------------------------|

| | |
|---------------------|--------------------------------------|
| Amount (\$) 3.20 | Payee address; City; State; Zip Code |
|---------------------|--------------------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEE | 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 | Payee name HAPPY STATE BANK |
|------|--------------------------------|

| | |
|----------------------|---|
| Amount (\$) 17.10 | Payee address; City; State; Zip Code P.O. BOX 68 HAPPY, TX 79042 |
|----------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) BANK SERVICE CHARGE | 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

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: | 2 FILER NAME HOWARD SMITH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|----------------------------|-------------------------------------|
| 4 Date 3-13-2019 | 5 Payee name OFF THE HOOK |
|----------------------------|-------------------------------------|

| | |
|--------------------------------|--|
| 6 Amount (\$) 120.00 | 7 Payee address; City; State; Zip Code 626 S. POLK, SUITE 200 AMARILLO, TX 79101 |
|--------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT 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 |
|------------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| 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 |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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