CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to c	omplete this form.	1 Filer ID (E	thics Commission Filers)	2 Total page	es filed:
3 CANDIDATE/	MS / MRS / MR	FIRST		MI	٥٥٥	IOT HOT ONLY
OFFICEHOLDER NAME	Ms.	Claudette		R	Date Received	ICE USE ONLY
	NICKNAME	LAST		SUFFIX		
		Smith			RE	CEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: /	on Dr.	CITY: STA	NTE; ZIP CODE		PR 26 2019
Change of Address	Amarillo,	TX	79121			SECRETARY'S OF AMARILLO
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EX	TENSION		
PHONE	(806) 678-5261				Date Hand-deliv	vered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
TREASURER NAME	Mr.	Arthur	****	C	Date Processed	1
	NICKNAME	Acord		SUFFIX	Date Imaged	
			2000	we waste and		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P			Y: STATE:	ZIP CODE	
(Residence or Business)						
	Amarillo,	TX	79109			
8 CAMPAIGN TREASURER PHONE	AREA CODE F (806) 283-3677	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	treasu	ay after campaign rer appointment holder Only)
	July 15	Sth day before e	election	Exceeded \$500 limit	Final F	Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 03/26/20	Day Year)19	THROUGH	Month 04/24/2	Day 2019	Year
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05/04/2019	✓ Genera	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if known)		
			Mayo	r		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME	23		15 Filer ID (Ethics Commission Filers)
Ms.	Claudette	R Smith		
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 N/A			
		COMMITTEE ADDRESS		
	SPECIFIC	N/A		
		D/ D		
		COMMITTEE CAMPAIGN TREASURER NAME		
		N/A		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		N/A		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		102.94
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2850.88
EXPENDITURE TOTALS	 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 		\$	0
	4. TOTAL POLITICAL EXPENDITURES \$ 6971.72		6971.72	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2332.76			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 9658.96			
18 AFFIDAVIT				
STARY PURLE N	MICHELLE DY OTARY PUBLIC STATE (MY COMM. EXP. 07/0 NOTARY ID 130720	true and correct and includes all in under Title 15, Election Code. DF TEXAS 15/2020	oformation req	uired to be reported by me
AFFIX NOTARY STAN	MP/SEALABOVE			
		11: D a 11		\sim 1
Sworn to and subso	cribed before me.	to certify which, witness my hand and seal of office		is the
10/10)	10. / // 🚓	1	
Signature of officer	Ul	Printed name of officer administering oath	Mo	officer administering oath
Signature of Onicer	Turnistering batti	Timed hame of officer administering dath	Title Of	omoor gammastering odth

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Commission Filers)		
	Ms. Claudette R Smith		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2597.94	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ C	
4.	SCHEDULE E: LOANS	\$ 3296.57	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6009.33	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ C	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ C	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ C	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$ С	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ C	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Claudette Smith R 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (iD#: 3/26/2019 \$50.00 Clint Edwards 6 Contributor address: City: State: Zip Code 1609 S. Jackson Amarillo, TX 79102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) 3/26/2019 Paula o'Cairre \$20.00 Contributor address; City; State; Zip Code 817 S Maryland St Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) 3/27/2019 Antonio Cortinaz 20.00 Contributor address: City: State; Zip Code Lubbock, Texas 79424 7035 99th St Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:___ Amount of contribution (\$) 3/29/2019 Jimmie Smith \$100.00 Contributor address: City; State; Zip Code 6206 Landon Dr. 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ms. Claudette Smith 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 3/29/2019 Benjamin Higdon \$20.00 6 Contributor address: City: State: Zip Code 7028 Chelsea Amarillo, TX 79109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 3/30/2019 Gordon Miller \$100.00 Contributor address; City; State; Zip Code 5112 McCarty Blvd Amarillo, TX 79110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 3/31/2019 Cody Elliott \$100.00 Contributor address: City: State: Zip Code 7413 baughman dr Amarillo, TX 79121 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ 3/31/2019 Ricci Ford \$50.00 Contributor address: City; State; Zip Code 7312 Gainsborough dr 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:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Ms. Claudette R Smith			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
4/4/2019	Stephen Bilodeau	\$20.00		
	6 Contributor address; City: State: Zip Code			
	6112 Ridgewood Dr Amarilio, TX 79109			
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)	structions)		
Date	Full name of contributor	Amount of contribution (\$)		
4/4/2019	Casey Tebo	\$100.00		
	Contributor address: City: State: Zip Code			
	6315 Mayer Court Amarillo TX 79109			
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor) Amount of contribution (\$)		
4/4/2019	James Wright	\$20.00		
	Contributor address; City: State. Zip Code			
	110 Sunset Terrace Amarillo, TX 79106			
Principal occu	upation / Job title (See Instructions) Employer (See Ins	i structions)		
Date	Full name of contributor	Amount of contribution (\$)		
4/4/2019	RT Hicks Photography	\$10.00		
	Contributor address; City; State; Zip Code			
	1801 s. Van Buren Amarillo, TX 79102			
Principal occu	upation / Job title (See Instructions) Employer (See Ins	structions)		

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ms. Claudette Smith 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: \$5.00 4/4/2019 Burnice Massey 6 Contributor address: City: State: Zip Code 1616 N.Williams St. Amarillo, TX 79107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of contribution (\$) 4/4/2019 Darryl Wertz \$100.00 Contributor address: City: State: Zip Code 1607 Jordan St Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 4/4/2019 Terry Wilcox \$25.00 Contributor address: City: State; Zip Code 904 S Bivins Amarillo, TX 79104 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut of state PAC (ID#_ 4/4/2019 Stephen Dunlap \$25.00 Contributor address; City; State: Zip Code 7411 Gainsborough 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ms. Claudette Smith 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 4/5/2019 \$40.00 Denny Antel 6 Contributor address: City: State: Zip Code 4400 Mountain Dr Amarillo, TX 79108 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Date Amount of contribution (\$) 4/5/2019 Amy Glenn \$5.00 City: State: Zip Code Contributor address: 9302 Kori Dr Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#____ Date Amount of contribution (\$) 4/5/2019 Stephen Whigham \$50.00 City: State: Zip Code Contributor address: 2906 S. Apache Amarillo, Texas 79103 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ 4/5/2019 Clyde Fauria \$50.00 Contributor address; City: State: Zip Code 8417 Broadway Dr. Amarillo, TX 79108 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Claudette Smith 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Out-of-state PAC (ID# 4/8/2019 \$50.00 Elisa Pardo 6 Contributor address: City: State: Zip Code 3412 Meadow Dr. Amarillo, TX 79109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) 4/11/2019 Sandera Dear-DeWeese \$50.00 Contributor address; City; State; Zip Code 3801 Line Ave, Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#____ Amount of contribution (\$) 4/11/2019 Amado Rodriguez \$20.00 Contributor address: City: State: Zip Code 4700 S Virginia St, Amarillo, TX 79109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out of state PAC (ID#:____ 4/13/2019 Kelly Weatherford \$20.00 Contributor address; City; State; Zip Code 400 Casino drive Amarillo, TX 79118 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Claudette Smith 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#: 4/13/2019 Bunny Leathers \$50.00 6 Contributor address: City: State: Zip Code 3500 Timber Drive Amarillo, TX 79121 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 4/13/2019 Justin McNabb \$5.00 Contributor address: City: State: Zip Code 4813 Hall Avenue Amarillo, TX 79109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#._ Amount of contribution (\$) 4/5/2019 Connie Hill \$200.00 Contributor address: City; State: Zip Code 305 N. Georgia Amarillo, TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out of state PAC (ID#:___ 4/14/2019 Michael Lineman \$50.00 Contributor address: City: State: Zip Code 2620 N Grand Amarillo, TX 79107 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Smith Ms. Claudette 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: \$50.00 4/14/2019 Robert Cisneros 6 Contributor address: City: State: Zip Code 3403 Palmer Dr Amarillo, TX 79109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) 4/16/2019 David Allee \$5.00 Contributor address; City; State; Zip Code 7627 Cervin Drive Amarillo, TX 79121 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#____ Date Amount of contribution (\$) 4/17/2019 Robert Briggs \$20.00 City: State: Zip Code Contributor address: 5725 Mary Dell Dr. Amarillo, TX 79109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID# 4/19/2019 Lucy Lopez \$25.00 City: State: Zip Code Contributor address: 2917 S Fairfield Amarillo, TX 79103 Employer (See Instructions) Principal occupation / Job title (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	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ē		3 Filer ID (Ethics Commission Filers)
	Ms. Claudette R Smith		
4 Date	5 Full name of contributor out-of-state PAC) (ID#:)	7 Amount of contribution (\$)
4/19/2019	Rikki Lamb		\$50.00
	6 Contributor address: City: State	: Zip Code	
	511 Park Ave Amarillo, TX 79108		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/21/2019	Glenda Wilkins		\$50.00
	Contributor address: City; State	e; Zip Code	
	5412 Southside Dr Amarillo, TX	•	
	3412 Southside by Amarilio,	. 7107	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)
4/22/2019	Jennifer Tucker		\$500.00
	Contributor address: City: State	e: Zip Code	
	7120 1H-40 West, Suite 105, Amar	illo, TX 79106	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date	Full name of contributor out of state PA	C (iD#	Amount of contribution (\$)
4/23/2019	Gary Prescott		\$200.00
	Contributor address; City; State	e: Zip Code	
	10101 Amarillo Blvd W, Amarillo,	TX 79124	
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	l ctions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULF AS N	IEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ms. Claudette Smith 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#: 3/25/2019 Barret Carter \$50.00 6 Contributor address: City: State; Zip Code 4522 Shawnee, Amarillo, TX 79109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ __ Date Amount of contribution (\$) 4/18/2019 Ronnie Kenyon Landscape and Sprinkler \$100.00 Contributor address: City; State; Zip Code 1625 N Woodland St, Amarillo TX 79107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address: City: State: Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID# ______ 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
2 FILER NAME	E Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 4/14/2019 Paige Butler 7 Contributor address: City: State: Zip Code 7415 Park Ridge Dr. 79119		8 Amount of 9 In-kind contribution Contribution \$ description \$150.00 Advertising Sign Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
Business	Owner	StreetBo	oard Co.
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of In-kind contribution Contribution \$ description
	Contributor address: City; State: Zip Co	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child. law firm of parent(s) (if any) (FOR JUDICIAL)		
11	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction		

LOANS SCHEDULE E				
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:	
2 FILER NAME	s. Claudette R	Smith	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZED LOANS		\$0	
5 Date of loan	7 Name of lender out-of-stat	e PAC (ID#:)	9 Loan Amount (\$)	
3/28/2019	Fisher Enterprises		\$1,166.00	
6 Is lender a financial Institution?	8 Lender address; City:	State; Zip Code	10 Interest rate 0 ->	
Y W	3440 Bell St, Ste 320 PMB 2	238, Amarillo, TX 79109	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll ✓ none	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable 20 Principal Occupat	18 Guarantor address: City: State: Zip Code 7 not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions)			
Date of loan 4/6/2019	Name of lender out-of-sta	te PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address: City:	State: Zip Code	Interest rate	
Institution?	3440 Bell St, Ste 320 PMB.	238, Amarillo, TX 79109	Maturity date N/A	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
		Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code ✓ not applicable				
-	ion (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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Claudette Smith 4 TOTAL OF UNITEMIZED LOANS \$0 5 Date of loan 7 Name of lender 9 Loan Amount (\$) Out-of-state PAC (ID#) 4/18/2019 \$1,495.00 Fisher Enterprises 10 Interest rate 6 Is lender 8 Lender address; City; State: Zip Code a financial Institution? 11 Maturity date 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109 N/A 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City: Zip Code State: not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC iID#: 4/22/2019 \$104.64 Fisher Enterprises Interest rate Is lender Lender address: City: State: Zip Code 0 3 a financial Institution? Maturity date 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109 N/A Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City: State: Zip Code not applicable 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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ms. Claudette R Smith 4 TOTAL OF UNITEMIZED LOANS **\$**0 Date of loan 7 Name of lender 9 Loan Amount (\$) Out-of-state PAC (ID#: 4/24/2019 Fisher Enterprises \$450.00 10 Interest rate 6 is lender 8 Lender address: City; State: Zip Code a financial 0 🕏 Institution? 11 Maturity date 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109 N/A 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) ✓ none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City: State; Zip Code ✓ not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#.____ \$475.00 4/3/2019 Fisher Enterprises Interest rate State: Zip Code Is lender Lender address: City: a financial Institution? Maturity date 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) 7 none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address: City: State: Zip Code not applicable 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 compl	ete this form.	1 Total pages Schedule E:	
2	FILER NAME	ls. Claudette R Sm	mith	3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS		\$ c	
5	Date of loan	7 Name of lender out-of-state I	PAC ((D#:)	9 Loan Amount (\$)	
4 /	/5/2019	Fisher Enterprises		\$962.39	
6	Is lender a financial Institution?	8 Lender address; City; 5	State; Zip Code	10 Interest rate	
	Y W	3440 Bell St, Ste 320 PMB 23	38, Amarillo, TX 79109	11 Maturity date N/A	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collateral 15 Check if personal funds were deposited into polit account (See Instructions)		deposited into political			
16	GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City; S	State: Zip Code		
20	Principal Occupat	lion (See Instructions)	21 Employer (See Instructions)	<u> </u>	
	Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address: City:	State: Zip Code	Interest rate	
	Y N			Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Coll	ateral	Check if personal funds were	deposited into political	
ł	none		account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	not applicable	·	State: Zip Code		
Principal Occupation (See Instructions) Employer (See Instructions)			I		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift Awards Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Tatal assas Cabadula Etc		3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1: 10	Ms. Claudette R Smith	3 File 10 (Ethics Commission Filers)
1 Date	5 Payee name	
3/27/2019	Hilltop Senior Citizens Associat:	.on
6 Amount (\$)	7 Payee address: City: State: Zip Code	
\$205.00	1311 N Taylor Amarillo, TX 7910	77
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Venue Rental
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
3/27/2019	North Heights Discount & Cafe	
Amount (\$)	Payee address; City: State; Zip Code	
\$300.00	1621 NW 18th Ave, Amarillo, Texa	s 79107
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX. officeholder living expense
		Meeting with constituents.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
3/28/2019	TheSignSource.net	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,166.00	P.O. Box 878, Cornelius, NC 2803	1
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Yard signs
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift Awards Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	
4 Date	5 Payee name	
3/30/2019	Best Buy	
6 Amount (\$)	7 Payee address: City: State: Zip Code	
\$702.53	101 Westgate Pkwy Amarillo, TX	79121
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		Camputana
		Computers
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4/4/2019	Facebook	
Amount (\$)	Payee address: City: State: Zip Code	
\$35.00	1 Hacker Way Menlo Park, CA 94025	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Advertising Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		Social media advertising
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4/5/2019	United Express	
Amount (\$)	Payee address: City; State: Zip Code	
\$36.47	5601 W Amarillo Blvd, Amarillo,	TX 79106
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Transportation Equipment & Related Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	Related Expense	Duri for delimenta
		Fuel for delivering print media/sign
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THE	SCHEDIN E AS MEEDED
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS MEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
4/6/2019	Academy Sports+Outdoors	
6 Amount (\$)	7 Payee address: City: State: Zip Code	
\$80.93	4400 Soncy Rd, Amarillo, TX 79119	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	Advertising Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		Equipment for making deliveries
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	W-1-1-1
4/9/2019	VistaPrint	
Amount (\$)	Payee address: City: State: Zip Code	
\$547.09	275 Wyman St, Waltham, MA 02451	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Door hanger cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/10/2019	Pak A Sak	
Amount (\$)	Payee address: City: State: Zip Code	
\$37.47	4200 Soney Rd, Amarillo, TX 79119	
-	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Transportation Equipment &	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Related Empense	Check if Austin, TX, officeholder living expense
		Fuel for delivering print media/signs
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expenso Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2019	5 Payee name Wal-Mart	
6 Amount (\$)	7 Payee address; City: State: Zip Code	
\$35.67	4610 S Coulter St, Amarillo, TX 7	9119
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Check it travel outside of Texas. Complete Schedule T. Check it Austin. TX. officeholder living expense Fuel for delivering print media/signs
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4/13/2019	Lowe's	
Amount (\$) \$85.77	Payee address: City: State: Zip Code 6401 Lowes Ln, Amarillo, TX 7912	≥4
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Equipment/hardware for signs
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4/18/2019	Cefco (Taylor Food #2040)	
Amount (\$)	Payee address: City; State: Zip Code	
\$40.09	1917 Bell Amarillo, TX 79106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Fuel for delivering print media/signs
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gilt Awards Memonals Expense Legal Services Polling Expense Printing Expense Salanes/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed above)		
						1 Total pages Schedule F1:
10	Ms. Clau		h		S File ID (Ell	iics Commission Filers)
4 Date	5 Payee na					
4/18/2019		Source.net				
6 Amount (\$)	7 Payee ac	ddress; City: State: Zip	Code			
\$1,495.00	P.O. Bo	x 878, Cornelius, NC	28031			
8	(a) Category	(See Categories listed at the top of this sci	hedule)	(b) Description		
PURPOSE				Check if travel o	outside of Texas. Comple	te Schedule T.
OF EXPENDITURE	Adverti.	sing Expense		Check if Austi	in. TX. officeholder liv	ng expense
				Yard Signs		
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
4/19/2019	Sir Spe	edy				
Amount (\$)	Payee ac	dress: City; State: Zip	Code			
\$73.18	416 SW	8th Ave, Amarillo, T	X 79101			
	Category	(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE				Check if travel or	utside of Texas. Complet	e Schedule T.
OF EXPENDITURE	Adverti.	sing Expense		Check if Austin	n. TX. officeholder livi	ng expense
EXI ENDITORE				Info cards		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				200
4/19/2019	Custom	Buttons & More				
Amount (\$)	Payee address; City; State; Zip Code					
\$90.00	2917 S Fairfield Amarillo, TX 79103					
*	Category	(See Categories listed at the top of this sch	hedule)	Description		
PURPOSE				Check if travel or	utside of Texas. Complet	Schedule T.
OF EXPENDITURE	Adverti	sing Expense	1	Check if Austin	n, TX, officeholder livi	ng expense
		•		"Vote-for" b	uttons	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	i	Office sought		Office held
	AT	TACH ADDITIONAL COPIES O	OF THIS S	CHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Evont Expenso Foos Food/Bevorago Expenso Gitt Awards Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Warres/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (actions a extension and listed above)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 10 Ms. Claudette 3 Smith. 4 Date 5 Payee name 4/22/2019 Take Aim Shooting Complex 6 Amount (\$) 7 Pavee address: City: State: Zip Code \$66.30 5919 Hillside Rd, Amarillo, TX 79109 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Event Expense meeting with constituents Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date 4/22/2019 Facebook Amount (\$) Payee address: City: State: Zip Code \$20.00 1 Hacker Way Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Chack if Austin, TX, officeholder living expense Advertising Expense Social media advertising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/22/2019 Sam's Club Amount (\$) Payee address: City: State: Zip Code \$117.60 8952 Westgate Pkwy W, Amarillo, TX 79124 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense Office supplies Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salannes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salanes/V	Vages/Contract Labor	Other (enter a category not listed above)
Cross Card Payment	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	·	
4 Date	5 Payee name		
4/22/2019	Office Max		
6 Amount (\$)	7 Payee address: City: State: Zip Code		
\$48.49	2912 S Soncy Rd, Amarillo, TX 791	124	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		-	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense	
EXPENDITORE		Office suppl	ies
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/22/2019	VistaPrint		
Amount (\$)	Payee address: City: State: Zip Code		
\$27.31	275 Wyman St, Waltham, MA 02451		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel of	outside of Texas. Complete Schedule T.
OF	Advertising Expense	Check if Aust	tin, TX, officeholder living expense
EXPENDITURE		Info cards	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
4/22/2019	USPS		
Amount (\$)	Payee address; City: State; Zip Code		
\$5.50	8301 W Amarillo Blvd, Amarillo,	TX 79124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Aus	itin, TX, officeholder living expense
EAFEMBITURE		Postage for	mailers
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
5.p5.15.15.15.16.45.16.16.16.16.16.16.16.16.16.16.16.16.16.			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NI	EEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift Awards Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ms. Claudette Smith 4 Date 5 Payee name 4/22/2019 USPS 6 Amount (\$) 7 Payee address: City: State: Zip Code \$55.00 8301 W Amarillo Blvd, Amarillo, TX 79124 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Advertising Expense EXPENDITURE Postage for mailers Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date 4/22/2019 USPS Amount (\$) Payee address: City: State: Zip Code \$27.50 8301 W Amarillo Blvd, Amarillo, TX 79124 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Postage for mailers Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/22/2019 Wal-Mart Amount (\$) Payee address: City; State: Zip Code \$76.79 4610 S Coulter St, Amarillo, TX 79119 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office Supplies Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	
4 Date	5 Payee name	
4/22/2019	USPS	
6 Amount (\$)	7 Payee address; City: State: Zip Code	
\$55.00	8301 W Amarillo Blvd, Amarillo, T	X 79124
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin. TX, officeholder living expense
		Postage for mailers
	1	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/22/2019	TheSignSource.net	
Amount (\$)	Payee address: City; State; Zip Code	
\$104.64	P.O. Box 878, Cornelius, NC 28031	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Yard signs
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	н	
Date	Payee name	
4/5/2019	Amazon.com	
Amount (\$)	Payee address; City; State; Zip Code	
Amount (9)	r ayee address. City; State, Zip Code	
\$362.39	PO Box 81226 Seattle, WA 98108-12	226
	Category (See Categories listed at the top of this schodule)	Description
PURPOSE	Transportation Equipment &	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Related Expense	Check if Austin, TX, officeholder living expense
		Equipment for making deliveries
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	н	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift Awards Memonals Expense Legal Sorvices Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

	0 EU ED 1111E		3 Filer ID (Ethics Commission Filers	
Total pages Schedule F1: 10	Ms. Claudette R Smith		S Filer ID (Etnics Commission Filers	
Date /5/2019	5 Payee name			
	Academy Sports-Outdoors			
Amount (\$)	7 Payee address: City: State: Zip Code			
600.00	4400 Soncy Rd, Amarillo, TX 79119			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Transportation Equipment &		utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Related Expense	Check if Austin	n. TX, officeholder living expense	
EXPENDITORIE		Equipment fo.	r making deliveries	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address: City: State: Zip Code			
··-		T		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			utside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austif	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address: City: State: Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			outside of Texas. Complete Schedule T.	
OF		Check if Austin. TX. officeholder living expense		
EXPENDITURE				