CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Ms . Claudette NICKNAME LAST	MI R SUFFIX	OFFICE USE ONLY Date Received
	Smith		RECEIVED
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	4410 Van Kriston Dr.	CITY; STATE; ZIP CODE	JUL 1 6 2019 CITY SECRETARY'S
Change of Address	Amarillo, TX	79121	CITY OF AMARILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (806) 678-5261	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Mr. Arthur	C	Date Processed
	Acord	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT/S	UITE #: CITY; STATE: PMB 238	ZIP CODE
(Residence or Business)	Amarillo, TX	79109	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 283-3677	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04/25/2019	Month THROUGH 06/30/2	Day Year 2019
11 ELECTION	ELECTION DATE Month Day Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	3)
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		11	5 Filer ID (Ethics Commission Filers)
Ms.	Claudette	R Smith	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	N/A	
		COMMITTEE ADDRESS	
	SPECIFIC	N/A	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		N/A	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		N/A	
17 CONTRIBUTION TOTALS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	1 4 30 00
	The second secon	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 255.00
EXPENDITURE TOTALS	11.50	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2100.64
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 567.12
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 9658.96
18 AFFIDAVIT		,	
THE PART OF THE PA	Drew Crawfo Notary Public, State Notary ID# 12812 My Commission E 12/07/2021	true and correct and includes all info of Texas 061-0 xpires	perjury, that the accompanying report is commation required to be reported by me didate or Officeholder
AFFIX NOTARY STAN			Ma
Sworn to and subso	cribed before me,	by the said Claudette Snith	, this the
day of July	, 20_ (0	to certify which, witness my hand and seal of office.	
Du God	8	Drew Camford	Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Ms. Claudette R Smith		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 255.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 2100.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	JTIONS	\$ 0
			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
	Ms. Claudette R Smith		
4 Date	5 Full name of contributor ut-of-state Pr	AC (ID#:)	7 Amount of contribution (\$)
/25/2019	Barret Carter		100.00
	6 Contributor address; City; Sta	te; Zip Code	
	4522 Shawnee, Amarillo, TX 7910	09	
3 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	Lions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
/26/2019	Billy Sissel		\$100.00
	Contributor address; City; Sta	ate; Zip Code	
	4210 Harmony St, Amarillo, TX 79	·	
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
/26/2019	Sabrina Krieg		\$25.00
	Contributor address; City; Sta	ate; Zip Code	
	105 N. Beverly Dr. Amarillo, TX	•	
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	,		
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
5/1/2019	Kathy Alston		\$30.00
	Contributor address; City; Sta	ate; Zip Code	
	2401 Wapiti Ln, Amarillo, TX 79		
		Employer (See Instru	ations)
Only along to a con-	upation / Job title (See Instructions)		

Revised 9/8/2015

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/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/Politics Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1: 9	2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2019	5 Payee name		
6 Amount (\$)	Murphy 7 Payee address; City: State: Zip Code		
(4)	7 Payee address; City: State; Zip Code		
40.33	4800 S Coulter St, Amarillo, TX 7	9119	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Transportation Equipment &		utside of Texas. Complete Schedule T.
EXPENDITURE	Related Expense	L Check if Austii	n. TX. officeholder living expense
		Fuel for del.	iveries
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/28/2019	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 OF	Advertising Expense		itside of Texas. Complete Schodule T.
EXPENDITURE			i, TX, officeholder living expense
		Social Media	Advertisement
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/29/2019	Wal-Mart		
Amount (\$)	Payee address; City; State; Zip Code		
29.57	4610 S Coulter St, Amarillo, TX 7	9119	•
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Office Overhead/Rental Expense		utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
		Office suppl	ies
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarios/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Chark Cartes a calcada and interest apparent

Credit Card Payment	The instruction Guide explains how to c	emplete this form.	a salegoly horizona above,
1 Total pages Schedule F1: 9	2 FILER NAME Ms. Claudette R Smith	3 Filer ID	(Ethics Commission Filers)
4 Date	5 Payee name		
4/29/2019	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	Advertising Expense	Check if travel outside of Texas. Co	omplete Schedule T.
OF		Check if Austin, TX, officehold	ter living expense
EXPENDITURE		Postage	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		,
4/29/2019	USPS		····
Amount (\$)	Payee address; City: State: Zip Code		
55.00	8301 W Amarillo Blvd, Amarillo, T	X 79124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Check if travel outside of Texas. Co	omplete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officehold	ter living expense
		Postage	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Jaie			
4/29/2019	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
55.00	8301 W Amarillo Blvd, Amarillo,	X 79124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Check if travel outside of Texas. C	Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholi	der living expense
		Postage	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
	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

Loan Repayment/Re-imbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarips/Waces/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a extension and listed above)

Candidate/Officeholder/Politica	d Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)
Crodit 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)
9	Ms.Claudette R Smith		
4 Date	5 Payee name		
4/29/2019	Sir Speedy		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
148.95	416 SW 8th Ave, Amarillo, TX 7910	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	n, TX. officeholder living expense
EXPENDITORE		Print Media	Advertisement
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/30/2019	Wal-Mart		
Amount (\$)	Payee address; City; State; Zip Code	 	
19.17	4610 S Coulter St, Amarillo, TX	9119	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Office Overhead/Rental Expense	1 —	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense
		Office Suppl	ies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/30/2019	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
55.00	8301 W Amarillo Blvd, Amarillo,	TX 79124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Cneck if travel of	outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Aust	in, TX. officeholder living expense
		Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Servicos

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Claudette Smith 4 Date 5 Payee name 4/30/2019 USPS 6 Amount (\$) 7 Payee address; City; State; Zip Code 55.00 8301 W Amarillo Blvd, Amarillo, TX 79124 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Postage 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 4/30/2019 USPS Amount (\$) Payee address; City; State; Zip Code 55.00 8301 W Amarillo Blvd, Amarillo, TX 79124 Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF ___ Check if Austin, TX, officeholder living expense **EXPENDITURE** Postage Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 5/1/2019 Facebook Amount (\$) Payee address; City: State; Zip Code 50.00 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. Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Social Media Advertisement Candidate / Officeholder name Complete ONLY if direct Office sought Office held 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
Credit Card Payment

Event Expense Food Food/Beverage Expense Gilt/Awards/Memonals Expense Logal 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)

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1: 9	2 FILER NAME Ms. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5/2/2019	USPS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
220.00	8301 W Amarillo Blvd, Amarillo, I	'X 79124	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Check if travel outs	side of Texas. Complete Schedule T.
OF		Check if Austin,	TX. officeholder living expense
EXPENDITURE		Postage	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/2/2019	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
55.00	8301 W Amarillo Blvd, Amarillo, T	X 79124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Check if travel outs	ede of Texas. Complete Schedule T.
OF		Check if Austin,	TX, officeholder living expense
EXPENDITURE		Postage	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
			100000
Date	Payee name		
5/2/2019	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
55.00	8301 W Amarillo Blvd, Amarillo, 3	rx 79124	
	Category (See Categories listed at the top of this schodule)	Description	
PURPOSE	Advertising Expense	Check if travel out	sido of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
CAPENDITORE		Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
l	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Control Expense
Control Expense
Candidate/Officeholder/Political Committee
Cardidate/Officeholder/Political Committee

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

Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 Ms. Claudette R Smith 4 Date 5 Payee name 5/2/2019 Wal-Mart 6 Amount (\$) 7 Payee address; City; State; Zip Code 64.57 4610 S Coulter St, Amarillo, TX 79119 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office Supplies Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 5/2/2019 Facebook Amount (\$) Payee address; City; State; Zip Code 75.00 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. Advertising Expense **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Social Media Advertisement Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/3/2019 Sir Speedy Amount (\$) Payee address; City; State; Zip Code 274.74 416 SW 8th Ave, Amarillo, TX 79101 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Print Media Advertisement 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 Gilt/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)

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 Smith Ms. Claudette 4 Date 5 Payee name The Drunken Oyster 5/6/2019 7 Payee address; City; State; Zip Code 6 Amount (\$) 7606 SW 45th Ave Ste 100, Amarillo, TX 79119 130.23 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **PURPOSE** Chack if Austin, TX, officeholder living expense OF EXPENDITURE Election Result Watch Party Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/6/2019 Home Depot City; State: Zip Code Amount (\$) Payee address; 2500 Soncy Rd, Amarillo, TX 79124 43.08 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office Supplies Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/7/2019 Best Buy City; State; Zip Code Amount (\$) Payee address: 79121 101 Westgate Pkwy Amarillo, TX 259.78 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead/Rental Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Tablet for managing deliveries Office held Office sought Candidate / Officeholder name 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
Credit Gard Payment

Event Expense Fees Food/Beverage Expense Gilt/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 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 5/7/2019 United Express 6 Amount (\$) 7 Payee address; City; State; Zip Code 36.34 5601 W Amarillo Blvd, Amarillo, TX 79106 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & **PURPOSE** Related Expense Check if Austin, TX. officeholder living expense OF EXPENDITURE Fuel for deliveries Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/13/2019 Murphy Amount (\$) City: State: Zip Code Payee address; 4800 S Coulter St, Amarillo, TX 79119 36.53 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & **PURPOSE** OF Related Expense __ Check if Austin, TX, officeholder living expense EXPENDITURE Fuel for deliveries Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/20/2019 Wal-Mart Amount (\$) City; State; Zip Code Payee address; 19.44 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. Office Overhead/Rental Expense **PURPOSE** Check if Austin, TX, officeholder living 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
Credit Cart Payment

Event Expense Fees Food/Beverage Expense Gitt/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)

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers
9 Ms. Claudette R Smith
4 Date 5 Payee name
5/21/2019 Facebook
6 Amount (\$) 7 Payee address; City; State; Zip Code
1 Hacker Way Menlo Park, CA 94025
8 (a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE Advertising Expense Check if travel outside of Texas. Complete Schedule T.
OF Check if Austin, TX, officeholder living expense EXPENDITURE
Social Media Advertisement
9 Complete ONLY if direct
Date Payee name
5/28/2019 USPS
Amount (\$) Payee address; City: State; Zip Code
55.00 8301 W Amarillo Blvd, Amarillo, TX 79124
Category (See Categores listed at the top of this schedule) Description
PURPOSE Advertising Expense Check if travel outside of Texas. Complete Schedule T.
OF Check if Austin, TX, officeholder living expense
Postage
Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name
5/28/2019 Ulta
Amount (\$) Payee address; City; State; Zip Code
58.46 2814 S Soncy Rd, Amarillo, TX 79124
Category (See Categories listed at the top of this schedule) Description
PURPOSE Advertising Expense Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Check if Austin, TX. officeholder living expense
Stationery
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED