	TE / OFFICE			FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to c	omplete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages tiled:
GANDIDATE /	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms	Claudette	R	
	NICKNAME	LAST	SUFFIX	Date Received
		Smith		
CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX.	APT SUITE #. C	ITY: STATE: ZIP CO	RECEIVED
MAILING ADDRESS	4410 Van Krist	ion Dr.		JAN 14 2021
Change of Address	Amarillo,	TX	79121	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	CITY SECRETARY'S
OFFICEHOLDER	(806) 678-5263			Date CIT OF AMARILLO
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	Mr.	Arthur	С	Date Processed
	NICKNAME	LAST	SUFFIX	
		Acord		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO I	PO BOX PLEASE). APT SU	JITE #. CITY: STATE	ZIP CODE
TREASURER				
ADDRESS	3440 Bell St,	Ste 320	PMB 238	
(Residence or Business)	Amarillo,	ТХ	79109	
8 CAMPAIGN TREASURER PHONE	AREA CODE (806) 283-367	PHONE NUMBER	EXTENSION .	
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD		2		
COVERED	Month	Day Year		Month Day Year
	1/1/202	U	THROUGH 6/	30/2020
11 ELECTION	ELECTION DATE		ELECTIO	IN TYPE
	Month Day	Year Primary	Runoff Other	r ription
		General	Special	or spearson in .
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	(if known)
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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14 C/OH NAME Ms	Claudette	K Smith 15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DNSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I TURES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMVITTEE TYPE	COMMITTEE NAME	······································		
	GENERAL	N/A			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		N / A			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS	\$ c		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS. S ITEMIZED	\$:		
	4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	[₩] \$ 3,658.9 €			
A n Notar	IOSHUA NELSON / Public, State of Te n. Expires 03-31-20	true and correct and includes all informunder Title 15. Election Code.	rjury. that the accompanying report is mation required to be reported by me		
	tary ID 129768278		idate or Officeholder		
		by the said <u>ClaudeHe Smith</u> to certify which, witness my hand and seal of office.	this the4		
funare	Uity	Jushua Nelson Texas	Notan Public		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us	Revised 9/8 201		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N	mmission Filers)					
M:	Ms Claudette B Smith					
	ULE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		S C			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s C			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0			
4.	SCHEDULE E: LOANS		S C			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	S 0					
7.	Ş C					
8.	S 0					
9.	S C					
10.	S C					
11.	S C					
12.	12. SCHEDULE K: INTEREST. CREDITS. GAINS. REFUNDS. AND CONTRIBUTIONS RETURNED TO FILER					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contrbutions/Donations Made B Candidate Officeholder/Politice Cred t Card Payment	Fees Office 0 Food Beverage Expense Polling Y Gift Awards Memorials Expense Printing	epayment Reimbursement Overhead Rental Expense Exponso J Expense s Wages-Contract Labor o complete this form.	Solicitation Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 3	2 FILER NAME 3 Filer ID (Ethics Commission Filers					
4 Date	5 Payee name					
11/25/2019	Claudette Smith					
6 Amount (\$) \$ 300.00						
	·····					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel o	uts de of Texas. Complete Schedule T.			
	Loan Repayment (Reimbursement	Check if Austr	n, TX. officeholder living expense			
		Repayment of	loan			
9 Complete <u>ONLY</u> if direct expenditure to benefit C O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
12/10/2019	2/10/2019 Wells Fargo					
Amount (\$)	Payee address: City. State: Zip Code					
\$ 16.63	\$ 16.63 4143 S Coulter St, Amarillo, TX 79109					
PURPOSE	Category (See Categories listed at the top of this schedule.	Description Check if travelo	utside of Texas. Complete Schedule T			
OF	Fees		n TX officeholder living expense			
EXPENDITURE			-			
		Banking Fees				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Date Payoe name					
Amount (\$)	Amount (\$) Payce address: City: State: Zip Code					
PURPOSE OF EXPENDITURE	Category See Categories Ested at the top of this schedule					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED			

SCHEDULE F1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Ms	Claudette	R Smith	Filer ID (Ethics Commission Filers)
NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO DONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN FURES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	X 7.	
	SPECIFIC	COMMITTEE ADDRESS	
		2017A	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		N/A	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	d=
		X/A	
CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS OR GUARANTEES OF LOANS) UNLESS ITEMIZED	, \$ €
		POLITICAL CONTRIBUTIONS A THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ (
EXPENDITURE TOTALS	3. TOTAL UNLES	\$. 5	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 567.12
CONTRIBUTION BALANCE	5. TOTAL OF RE	Y \$ 0	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$ 9,658.96
8 AFFIDAVIT	1		<u> </u>
JUNION PULL JC	SHUA NELSON	I swear. or affirm. under penalty of perj true and correct and includes all inform	
A n=Notary I	Public, State of Tex	as under Title 15. Election Code.	\hat{L}
Note	Expires 03-31-202 ry ID 129768278	2 And In	VI.
	A CONTRACTOR OF THE	Signature of Candid	late or Olficeholder
AFFIX NOTARY STAM	MP · SEALABOVE		
Sworn to and subse	cribed before me.	by the said <u>Claubette</u> Smith	this the4+#
day of Alovember	r_,20 <u>20</u>	, to certify which, witness my hand and seal of office.	
Allihun A	um	Joshua Nelson Te	LAS Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering of
orms provided by Texas E	Thiss Commission	www.ethics.state.tx.us	Revised 9/8

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:			d:	
					6		
3 CANDIDATE / OFFICEHOLDER	MS MRS MR	FIRST		₩		OFFICE	JSE ONLY
NAME	Ms	Claudette		R	Date Rec		
:	NICKNAME	_45*		SUFFIX	0410 100		
		Smith					
4 CANDIDATE /	ADDRESS PO BOX. APT	SUITE # 0		E ZIP CODE			
OFFICEHOLDER MAILING ADDRESS	4410 Van Kriston	Dr.					
Change of Address	Amarillo,	TX	29121				
5 CANDIDATE/	AREA CODE PHON	E NUMBER	EXT	INSION			
OFFICEHOLDER PHONE	(806) 678-5261				Date Har	c-delivered	or Date Postmarked
6 CAMPAIGN	MS MRS MR	FIRST		MI	Receipt	#	Amount \$
TREASURER NAME	Mr.	Arthur		7	Date Pro	cessed	
	NICKNAME	LAS-		SUFFIX	Date Ima	and	
·		Acord			Jaig inte		
7 CAMPAIGN	STREET ADDRESS INC PO BO	A PLEASE APT S	JITE # CITY	C STATE	ZIP COD	θE	
TREASURER	3440 Bell St, Ste	9 320	FMB	238			
(Residence or Business)	Amarillo,	ТХ	79109				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHON (806) 285-3677	E NUMBER	EXT	ENSION			
9 REPORT TYPE	January 15	30th day before e	lection	Runoff		15th day atte treasurer ap (Officeholder	
	July 15	Sthiday before ele	xction	Exceeded \$500 limit			Attach C/OH - FR)
10 PERIOD	Monte Day	, Year		Munth	Day	Year	
COVERED	7/1/2019		THROUGH	12/31/	2019		
11 ELECTION	ELECTION DATE	· · · · · · · · · · · · · · · · · · ·		ELECTION TYPE			
	Month Day Yea	ar Primary	Runoff	Cther Description			
		🗹 General	Special	Description			
12 OFFICE	OFFICE HELD of any	<u>i</u>	13 OF	FICE SOUGHT - iil know	ni		
	GO TO PAGE 2						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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19	9 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		S 0			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S 0			
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s 0			
4.	SCHEDULE E: LOANS		s c			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	S C			
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Cand date:Officeholder/Politics Credit Card Payment	ly o al Committee	Event Expense Toos Boverage Expense Sitt Awards Memoria's Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries Wa	ense Iges/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:	i.				3 Filer ID (Ethics Commission Filers)	
	Ms Claude		<u>tn</u>			
4 Date 7/12/2019						
6 Amount (\$)	Amount (\$) 7 Payee address: City: State: Zip Code					
\$ 2.50	4144 S C	oulter St, Amarill	lo, TX 🗎	9:09		
8	(a) Category	See Categories Listed at the top of the	s schedulei	(b) Description		
PURPOSE				Check d travelo	utside of Tekas. Complete Schedule T.	
OF EXPENDITURE	Fees			Check if Austr	 TX officeholder living expense 	
EXPENDITORE				Banking Fees		
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought	Office held	
Date	Date Payee name					
7/12/2019	7/12/2019 Claudette Smith					
Amount (\$)	Payce address: City: State. Zip Code					
\$ 207.99	4410 Van	Kriston, Amarill	o, TX ~	9121		
PURPOSE OF EXPENDITURE	Category See Categories listed at the top of this schedule. Description Loan Bepayment. (Beimpursement) Check if raveloutside of Texas Complete Schedule T Loan Bepayment. (Beimpursement) Check if Austin. TX: officeholder living expense Repayment: Of Loan			n, TX officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	irect Candidate Officeholder name Office sought Office h			Office held		
Date	Payee na	me				
8/20/2019	Wells Fa	хдо 				
Amount (\$)	Payee ad	dress: City; State	Zip Code			
\$ 10.00	4143 5 0	bulter St, Amaril	15, TX 7	9109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Fees Check (traveloutside of Texas: Complete Schedule T Check (traveloutside of Texas: Complete Schedule T Check (traveloutside of Texas: Complete Schedule T Banking: Eees Banking: Eees				tr TX, officenolder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought	Office held	
	ΔΤ1	ACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS N	EDED	

Forms provided by Texas Ethics Commission

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SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contrbutions/Donations Made By Candidate.Officeholder Political Credit Card Payment	Fees C Food Beverage Expense F / G:t Awards Memor als Expense F / Committee Legal Services S	Fees Office Overnead Rental Expense Food Beverage Expense Polling Expense Gift Awards Memorials Expense Printing Expense					
1 Total pages Schedule F1: 3	2 FILER NAME Is Claulette - E Smith	3 Filor ID (Ethics Commission Filers)					
4 Date	e 5 Payce name						
9/20/2019	Wells Bargh						
6 Amount (\$) \$ 10.00							
8 PURPOSE OF	(a) Category -See Categories listed at the top of this schedule: (b) Description EEES Check if traveloutside of Texas: Complete Schedule T						
EXPENDITURE		Banking Fees					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate : Officeholder name	Office sought	Office held				
Date	Payee name						
10/21/2019	Wells Farge						
Amount (\$)	Payee address: City: State; Zip Code						
\$ 10.00	0.00 4143 S Coultar St, Amarillo, TX 19109						
PURPOSE OF EXPENDITURE	Category See Categories listed at the top of this schedule) Description Fees Check if traveloutside of Texas. Complete Schedule T Check if Austin, TX: officeholder living expense Banking: Fees						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
11/21/2019	Wells Faigo						
Amount (\$)	Payee address: City; State: Zip	Code					
S 10.00	4143 S Coulter St, Amarilli,	, IX 79109					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Description Check if travelouts de of Texas, Complete Schedule T Check if travelouts de of Texas, Complete Schedule T Check if Austio, TX, officeholder, living, expense Backing, Fees						
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Office held				
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						