## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	iuide explains how to comp		1 Filer ID (Ethics Commission File	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR MS NICKNAME	Claudette LAST Smith	MI R SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	4410 Van Kriston Amarillo,	Dr.  TX  RE NUMBER	79121  EXTENSION	JAN 14 2021  CITY SECRETARY'S  Date CITY OF AMARILLO
6 CAMPAIGN TREASURER NAME	MS MRS MR Mr. NICKNAME	FIRST Arthur LAST Acord	MI C SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO 3440 Bell St, Sto Amarillo,		TE #. CITY: STATE: PMB 238	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHON (806) 283-3677	E NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before elect		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 1/1/2020	y Year		nth Day Year
11 ELECTION	ELECTION DATE  Month Day Yea	Primary  General	Runoff Other Descript	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if	known)
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	-	15	Filer ID (Ethics Commission Filers)
Ms	Claudette	k 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'S OF 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	M/A	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		N/A	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		N/A	
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES. LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZI	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			<b>\$</b> c
EXPENDITURE TOTALS	3. TOTAL UNLES	<b>\$</b> c	
	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 C	<b>\$</b> 3,658.96	
Notari Comi	JOSHUA NELSON y Public, State of Te m. Expires 03-31-20 tary ID 129768278	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me didate or Officeholder
1		by the said <u>ClaudeHe Smith</u> to certify which, witness my hand and seal of office.	, this the _24
funar	llon		Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

# SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Cor				
	Ms Claudette R Smith				
21	SCHEDULE SUBTOTALS NAME OF 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.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	<b>s</b> 0		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s c		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s 0		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	s c		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	s C		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	<b>s</b> 0		
12.	SCHEDULE K: INTEREST. CREDITS, GAINS, REFUNDS, AND CONTRIBUTED TO FILER	TIONS	s c		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food Beverage Expense
Gift Awards Memor als Expense
Legal Services

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

Candidate Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries 1	Vages-Contract Labor Other (enter a category not liste	d above)		
	The Instruction Guide explains how to	complete this form.			
Total pages Schedule F1	: 2 FILER NAME Na Claudette R Smith	3 Filer ID (Ethics Commis	sion Filers		
Date	5 Payee name				
11/25/2019	Claudette Smith				
Amount (\$)	7 Payee address: City: State: Zip Code				
\$ 300.00	4410 Van Kriston				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment (Reimbursement	(b) Description  Check if travelouts de of Texas Complete Schedule T.  Check if Austin, TX officeholder living expense  Repayment of loan			
Complete ONLY if direct expenditure to benefit C (	Candidate / Officeholder name DH	Office sought Office h	eld		
Date	Payee name				
12/10/2019	Wells Fargo				
Amount (\$)	Payee address: City: State: Zip Code				
\$ 16.63	4143 S Coulter St, Amarillo, TX	79109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.	Description Check if travel outside of Texas. Complete Schedule T Check if Austin TX officeholder living expense			
		Banking Fees			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office h	eld		
Date	Payoc name				
Amount (\$)	Payce address: City: State: 7-ip Code				
PURPOSE OF EXPENDITURE	Category   See Categories I sted at the top of this schedule	Description  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		1	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	X 'A	
		COMMITTEE ADDRESS	
	SPECIFIC	# 'A	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		N/A	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		  N/A	
		0/1	
17 CONTRIBUTION TOTALS		L	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ :
EXPENDITURE TOTALS	3. TOTAL UNLES	\$ 5	
	4. TOTAL POLITICAL EXPENDITURES \$ 567.12		
CONTRIBUTION BALANCE	5. TOTAL OF REF	DAY \$ 0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$ 9,658.96
18 AFFIDAVIT			
Notary F Comm.	SHUA NELSON Public, State of Text Expires 03-31-202 ty ID 129768278	true and correct and includes all info under Title 15. Election Code.	perjury. that the accompanying report is formation required to be reported by me adidate or Officeholder
AFFIX NOTARY STAN	MP : SEALABOVE	•	
Sworn to and subso	cribed before me.	by the said Claudette Smith	this the 24+#
		to certify which, witness my hand and seal of office	
Suhu !	Mun	Joshua Nelson T	exas Notary Public
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	<u> </u>			<u></u>		
The C/OH Instruction G	iulde explains how to c	omplete this form.	1 Filer ID Ethic	es Commission Filers)	2 Total pages f	led:
3 CANDIDATE/	MS MRS MR	FIRST		MI	055:05	USE ONLY
OFFICEHOLDER NAME	Ms	Claudette		R	OFFICE	USE UNLY
INMINIE	NICKNAME	_AST		SUFFIX	Date Received	
				JULFIA		
		Smith				
4 CANDIDATE /	ADDRESS PO BOX.	APT SUITE #	CITY STATE	E ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	4410 Van Krist	on Or.				
Change of Address	Amarillo,	TX	19121			
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTE	NSION		
OFFICEHOLDER PHONE	(806) 678-5261				Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN	MS MRS MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mr.	Arthur		••	Date Processed	1
	NICKNAME	LAST		SUFFIX		
		Acord			Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS INC.		UITE # CITY	STATE	ZIP CODE	
ADDRESS	3440 Bell St,	Ste 300	FMB	238		
(Residence or Business)			<u>.</u>			
	Amarillo,	TX	79109			
8 CAMPAIGN TREASURER PHONE	AREA CODE (806) 283-3671	PHONE NUMBER	FXTE	INSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff		after campaign appointment der Onlyi
	July 15	Sthiday before e	lection	Exceeded \$500 limit		ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	⊃ay Ye	a <sup>,</sup>
COVERED	7/1/201	ý	THROUGH	12/31/	2019	
11 ELECTION	ELECTION DATE			ELECTION TYPE		-
i	Month Day	Year Primary	Runoff	Cther		
		<b>✓</b> Genera	l Special	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFF	ICE SOUGHT - iif know	mi	
		GO TO	PAGE 2			

# SUBTOTALS - C/OH

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	<b>s</b> 0	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>s</b> 0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>s</b> 0	
4.	SCHEDULE E: LOANS	s 0	
5.	s 567.12		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s C	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s C	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s c	
12.	s c		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Food Beverage Expense Gift Awards Memoria's 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 OI District Other (enter a category not listed above)

Total pages Schedule F	The instruction Guide explains how to	<del>-</del>	iler ID (Ethics Commission Filers)	
3	Ms Claudette R Smith	3 F	Her ID (Ethics Commission Filers)	
Date	5 Payce name			
//12/2019	Wells Pargo			
Amount (\$)	7 Payee address: City: State: Zip Code			
3 2.50	4144 S Coulter St, Amarillo, TM	19:09		
	(a) Category (See Categories Listed at the top of this schedule)	(b) Description		
PURPOSE	Face	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Fees	Check if Austin, TX o	officeholder living expense	
		Banking Fees		
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held	
Date	Payee name			
7/12/2019	Claudette Smith			
Amount (\$)	Payee address: City: State. Zip Code			
\$ 207.99	4410 Van Kriston, Amarillo, TX	n9121		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Loan Repayment/Beimbursement		Texas Complete Schedule T	
OF EXPENDITURE	noan repayment remained, select	Check if Austin, TX of	officeholder living expense	
		Repayment of Loa	an	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held	
Date	Payee name			
8/20/2019	Wells Fargo			
Amount (\$)	Payee address: City; State. Zip Code			
\$ 10.00	4143 S Coulter St, Amarillo, TX	79109		
	Category (See Categories listed at the top of this scriedule)	Description		
PURPOSE		Check if travel outside o	if Texas. Complete Schedule T	
OF EXPENDITURE	Fees	Check I Austin TX.	officeholder living expense	
		Banking Fees		
	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit (	•	Omce sought		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	D	

## **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food Beverage Expense 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 Fravel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to o	complete this form.		
Total pages Schedule F1:	2 FILER NAME	7.1	3 Filer ID (Ethics Commission Filers)	
	s Claulette R Smith			
Date	5 Payce name			
9/20/2019	Wells Pargn			
5 Amount (\$)	7 Payee address: City: State: Zip Code			
\$ 10.00	4143 S Coulter St, Amarillo, TM	9109		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel o	utside of Texas, Complete Schedule T	
OF	Fees	Oneck if Austii	n, TX, off-ceholder living expense	
EXPENDITURE		Danislan Fara		
		Banking Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate * Officeholder name H	Office sought	Office held	
Date	Payee name			
10/21/2019	Wells Fargo			
Amount (\$)	Payee address: City: State: Zip Code			
\$ 10.00	4143 S Coulter St, Amarillo, TX	9139		
	Category: See Categories listed at the top of this schedule:	Description		
PURPOSE	Check if travel outside of Texas. Complete Schedule T			
OF EXPENDITURE	Fees	Check if Austin	n. TX- officeholder living expense	
		Banking Fees		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
11/21/2019	Wells Fargo			
Amount (\$)	Payee address: City: State Zip Code			
s 10.00	4143 S Coulter St, Amarillo, 1X	79109		
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE	7000	Check if travelo	outside of Texas. Complete Schedule T	
OF EXPENDITURE	Fees	Check if Austr	in, TX, officeholder living expense	
		Banking Fees	S	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDUI E AS NE	FDED	
	ATTACTIADDITIONAL COFFES OF THE	COLLEGEE ACINE		