CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** 5. HOWARD NAME Date Received NICKNAME RECEIVED SMITH 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; MAR 31 2021 **OFFICEHOLDER** AMARILLO TX 79102 166 S. POLK MAILING **ADDRESS** CITY SECRETARY'S Change of Address CITY OF AMARILLO 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806) 358-8391 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER PAUL NAME Date Processed NICKNAME Date Imaged MATNEY 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** EATON 3918 AMARILLO 79109 TX **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (806) 584-8229 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dav Year COVERED 1/1/2021 30/ 2011 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Description ★ General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) AMARILLO CITY PL4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME AMARILLO MATTERS COMMITTEE ADDRESS GENERAL P.O. BOX 1532 AMARILLO TX Additional Pages 79105 COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC ANDREW HALL COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. BOX 1532 AMARILLO TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

JANUAR ANDI	TIMANUE REFOR	N II			
15 C/OH NAME			16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		HAN	\$	
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS OANS, OR GUARANTEES OF LOAI	NS)	\$ 23	860.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.		\$	
* * * * * * * * * * * * * * * * * * *	4. TOTAL POLITICAL EXPEN	NDITURES		\$ 80	66.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY	\$ 28,	00 2. 86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS ING PERIOD	S OF THE	\$	
	wear, or affirm, under penalty of perjury		true and corr	rect and incl	ludes all information
160	uired to be reported by me under Title 15	, Election Code.	n		
		26-20	1	11	
		Signature of	Candidate o	r Officehold	A F
Notar No	FRANCES HIBBS y Public, State of Texas ptary ID #223395-1 ion Expires 08-19-2023				
NOTARY STAMP/SEAL	E				
Sworn to and subscribed	before me by Hawer	d With this th	he <u>3</u>	day of	terch.
20, to certify	which, witness my hand and seal of office.				10
nonces	Ithous STRUC	200141235	Ctt	V S	ecreter
Signature of officer administer	ing oath Printed name of c	officer administering oath		Title of office	r administering oath
		OR			
(2) Unsworn Declaration	n				
My name is	C	, and my date of birth	n is		
My address is					
	(street)	(city)	(state) (z	zip code)	(country)
Executed in	County, State of	, on the day of	onth)	20(year)	
		Signature of Car	ndidate/Office	holder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N	19 FILER NAME 20 Filer ID (Ethics Commission Filers)		
i	HOWARD SMITH		
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23 860.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 8066.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;	
2 FILER NAME	d Smith	3 Filer JD (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
1-27-21	Jerry and Margaret Hodge 6 Contributor address; City, State; Zip Code 320 S. Polk Amarillo Tt 79101	\$ 1,000.	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
1-18-21	Deborah Welch Contributor address: City: State; Zip Code 7811 Stuyvesant Amarillo, TX 79121	\$ 150-	
Principal occur			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
	Rickand Ritz Kuehl	e 6	
2-2-21	Contributor address; City; State; Zip Code	\$200.	
	5215 Clearunter Amarillo, TX 79110		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
2-4-21	Steve Rogers Contributor address; City; State; Zip Code 5304 Tawney Amarillo, T+ 79101	\$ 250.	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: との
2 FILER NAME	vard Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2-4-21	Tom Riney 6 Contributor address; City;	State; Zip Code	\$ 100.
	320 S. Polk Suite 600 Amerilb	TI 79101	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Anne Preston		
2-4-21		State; Zip Code	\$ 50.
	Contributor address; City; 5702 Chalitree Amaritle	TX 79/19	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
- 21	John Milton Contributor address; City;	****	
2-5-21	Contributor address; City;	State; Zip Code	\$ 100.
	2809 Bowie Amarillo,	T.Y 79/09	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Sue Lawrence		
2-4-21	Contributor address; City;	State; Zip Code	\$ 50.
	2217 Ong Amarillo,	TY 79109	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	,		

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2 ひ	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Howard Smith		
4 Date	5 Full name of contributor Quet of state BAC (ID#)	7 Amount of contribution (\$)	
- 1	Hugh and Renee Wilson		
2-6-21	6 Contributor address; City; State; Zip	Code \$ 50.	
	Hugh and Renee Wilson 6 Contributor address; City; State; Zir 6 002 Windham Amarillo, TY	79/09	
		(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	Howard and Lisa Batson		
2-6-21	Howard and LISA Dalson Contributor address: City State: Zir	Code of	
X V 701	Contributor address; City; State; Zip 9110 Lundy Lane Amarillo TX -	Code \$ 200.	
	4110 Rung Rane Amarillo 17	1 // 7	
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
2-6-21	Linda Brian		
2-6-21		Code \$ 250.	
	11 Didrickson Amarillo, TX 7	9124	
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	Judy Norris		
2-9-21	Tudy Norris Contributor address; City; State; Zip	Code \$ 100.	
	1620 S. Polk Amarillo, TH ?	9102	
Principal occup		(See Instructions)	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1:
2 FILER NAME	Howard Smith	3	Filer ID (Ethics Commission Filers)
4 Date 2-8-2	5 Full name of contributor out-of-state PAC (ID#:	ip Code	Amount of contribution(\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer	r (See Instruction	s)
Date	Full name of contributor		Amount of contribution (\$)
2-5-21	Freda Simms Contributor address; City; State; Zij 14 Willow Bridge Amarillo, TX	79106	\$ 100.
Principal occup	eation / Job title (See Instructions) Employer	r (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
2-8-21	Robert Altman Contributor address; City: State: Zip 3504 Farwell Amarillo, TX	p Code 79109	\$ 50.
Principal occup	eation / Job title (See Instructions) Employer	r (See Instructions	s)
Date	Full name of contributor		Amount of contribution (\$)
2-8-21	Dennis and Cindy Clounch Contributor address; City; State; Zip 7706 Pebble brooke Amarillo, T+		4150.
Principal occup	eation / Job title (See Instructions) Employer	r (See Instructions	5)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Howard Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2-10-21	Dorothy Caldwell 6 Contributor address; City; State; Zip Code 4 Mante Rue Amerilla Tt 791	
P	4 Monte Rue Amarillo, TX 791	2.7
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
2-9-21	Mark BIVIns Contributor address; City; State; Zip Code	
	Po Box 708 Amarillo, TX 791	0.5
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	7
2-9-21	Jack and Susan Robinson Contributor address; City; State; Zip Code 3312 Danvers Sut. C Amarillo, Ta	\$ 100.
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2-14-21	Contributor address; City; State; Zip Code 5 Edgewater Amarillo TX 7910	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Howard Smith	3 Filer ID (Ethics Commission Filers)
4 Date 2-14-21	5 Full name of contributor out-of-state PAC (ID#:) Edward and Travaa Morris 6 Contributor address; City; State; Zip Code 3501 Cinderella La Amarillo, TX 79121	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
2-12-21	Dee Miller Contributor address; City; State; Zip Code 5315 Berget Amarilla, TF 79106	4 300.
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-14-21	Samand Carol Love lady Contributor address; City; State; Zip Code 2817 Crockett Amarillo, TX 79/09	§ 250.
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-13-21	Dean Morrison Contributor address; City; State; Zip Code 2609 Hughes Amarillo, TX 79109	\$ 500.
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	itions)

SCHEDULE A1

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The	Instruction Gulde explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
2-4-21	Glen Parkey 6 Contributor address; City:	State; Zip Code	\$ 250.
	POBOX 2966 Amarillo,	TX 79/05	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	100 March 100 Ma	C (ID#:)	Amount of contribution (\$)
2-15-21	Garland and Sharon Sell Contributor address; City; 7801 Clear meadow Ameril	State; Zip Code	\$ 250-
Principat occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		: (ID#:)	Amount of contribution (\$)
2-12-21	Mike and Liz Hughes Contributor address; City; 2806 Parker Amarillo	State; Zip Code	\$2500.
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	. —	; (ID#:)	Amount of contribution (\$)
2-15-21	Toeand Laura Street Contributor address; City;	State; Zip Code	\$250."
	7800 New England Pky Amar.	lo, TX 79/19	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
2-15-21	John Mozola 6 Contributor address; City; 2808 Bonham Amarillo.	State; Zip Code 79/09	\$250.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
2-16-21	Richard Crawford Contributor address; City; 6601 Admiral Amarillo	State; Zip Code 79124	\$ 200.
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2-19-21	Stephan and Sharon Dal Contributor address; City; 1521 Rusk Amarillo,	State: Zip Code	\$ 500,
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
2 -20-21	Contributor address; City; PO BOX 33044 Amerillo,	State; Zip Code	\$ 250,
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 20
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2-20-2	5 Full name of contributor out-of-state PAC Thomas and Lori Novak 6 Contributor address; City; 9100 Perry Amarillo,	State; Zip Code Th 79/10	\$100.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
2-19-21	Billand Bonnie Cox Contributor address; City; 6549 18#St.Rd. Greely,	State; Zip Code	\$ 100.
	6549 18"St. Rd. Greely,	Colo, 80634	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
2-19-21	Milton and Lueise Tyson Contributor address; City;	State: Zip Code	\$ 50,
X-11 -		79102	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
2-21-21	Keith and Neva Blair Contributor address; City;	State; Zip Code	\$ 50.
	1534 Alabama Amerillo,	TJ 79102	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
			· · · · · · · · · · · · · · · · · · ·

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form	ı.	1 Total pages Schedule A1: え∂
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)
2-22-21	Harvey and Alona Elms 6 Contributor address; City; Sta 6304 Jameson Amarillo, 77	ite; Zip Code - 79/06	\$ 100.
		Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
2-23-21	Randy and Stacy Sharp contributor address; City; Sta 5709 Crab tree Ct. Amarillo		\$250 "
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor		Amount of contribution (\$)
2 - 23 - 21	Donna McKee Contributor address; City; Sta 1300 Harrison*202 Amarilo, T	te; Zip Code	\$25.
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)
2-22-21	Mike or LIZ Hughes Contributor address: City: Sta PO BOX 51149 Amerillo, T.	ite; Zip Code	\$2000.
		Employer (See Instructi	ons)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 20				
2 FILER NAME	Howard Smith	-	3 Filer ID (Ethics Commission Filers)	
4 Date	190 00	(ID#)	7 Amount of contribution (\$)	
2-24-21	Carol Ann Reeves 6 Contributor address; City; 3920 Linda Amarillo,	State; Zip Code	\$250,	
	3920 Linda Amarillo,	79109		
		9 Employer (See Instruct	ions)	
Date	Full name of contributor	225000	Amount of contribution (\$)	
2-24-21	Davidand Machiel Horsley Contributor address; City; 1710 Harrison Amarillo,	State; Zip Code	\$50.	
	1710 Harrison Amarillo,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
3-2-21	Robert or Bonnie Sanders contributor address; City; 3800 Doris Amarillo, 7	State; Zip Code 7 7 9 10 9	\$50,	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3-2-21		State; Zip Code	\$25,	
	650/ Dreyfus Amarillo,	TX 79/06		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
	<u>'</u>			

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SCHEDULE A1

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The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:	
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#	t	7 Amount of contribution (\$)	
3-2-21		State; Zip Code 7 7 9 10 9	\$ 200,	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)	
Date	Full name of contributor	:)	Amount of contribution (\$)	
3-2-21	Dry Mrs. Steven Austin Contributor address; City; s 2815 S. Georgia Amarillo,	State; Zip Code	\$ 200.	
Tillopal occup	ation 7 300 title (See Instructions)	Employer (See Instructio	115)	
Date	Full name of contributor Out-of-state PAC (ID# Political Action Committee Amarillo Associof Realters	23342242 224 224 224 224 224 224 224 224	Amount of contribution (\$)	
3-2-21		itate; Zip Code	\$ 5000,	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)	
Date	Full name of contributor	:)	Amount of contribution (\$)	
3-4-21	A 5 . 1 .	State; Zip Code	\$ 250.	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ne)	
т ппораг осоцр	and the (occ mendentia)	Employer (See Illistructio		

SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	C/		
3-4-21		State; Zip Code	\$ 50.
5-4-21			
	7821 Cervin Amarillo,	17 /9121	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Larry of Ginger Tocker		
3-4-21	Contributor address; City;	State; Zip Code	\$25.
	Larry and Ginger Jackson contributor address; City: 6008 Rutgers Amarillo,	Tx 79109	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Bills of Reveals Hames		
3-4-21	Billand Beverly Harris Contributor address; City;	State; Zip Code	\$ 250.
		I	230,
	7802 Stuyvesant An	norollo, 1x 79/21	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(10#:	Amount of contribution (\$)
	000-01-0100 1710	(ID#:)	Amount or contribution (4)
	Bill and Carol Brian		
3-4-21	Contributor address; City;	State; Zip Code	4 100-
	2807 Lipscomb Amarillo	TX 79/09	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3-4-21	Richard and Kay Brown 6 Contributor address; City; 3004 Hayden Amarillo	State; Zip Code	\$250.
	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	65 86	; (ID#:)	Amount of contribution (\$)
3-8-21	Sean and Judith Doherty Contributor address; City; 3203 Ong Amarillo,	State; Zip Code T+ 79/09	\$ 1000.
Dringing Locare			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructi	ions)
Date		; (ID#:)	Amount of contribution (\$)
3 1021	Jinger White Contributor address; City; 6609 Sandie Amarillo	State; Zip Code T3 79/09	\$ 150.
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
3-9-21	Bill and Poppy Mc Carty Contributor address, City, 780/ Kingsgate Amarillo	State; Zip Code	4250.
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME	Howard Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Gary and Sally Jennings	7 Amount of contribution (\$)
3-10 -1	Garyand Sally Jennings 6 Contributor address; City: State; Zip Code 4503 Greenwich Amerillo, TX 79119	= 230,
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3-10-21	Claudette Landess Contributor address; City; State; Zip Code 8 Teal Court Amarillo Tt 79106	\$ 300 -
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-17-21	Randy and Debbie Jeffers Contributor address; City; State; Zip Code 6214 MCCoy Amarillo Tx 79109 Destron / John title (See Instructions) Employer (See Instructions)	\$ 250.
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-18-21	Leon Swift Contributor address; City; State; Zip Code	\$ 50.
	2401 W 26 M Amarillo T7 79/09	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;		
2 FILER NAME	Howard Smith	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
3-18-21	James and Mickye Campbell 6 Contributor address; City; State; Zip Code 6 202 Elmhurst Amarillo, Ty 79/06 pation / Job title (See Instructions) 9 Employer (See Instructions)	\$ 250.		
	6202 Elmhurst Amarillo TV 79/06			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
3-23-21	Debra M. Cartt Contributor address; City; State; Zip Code	\$ 50.		
	2603 W 26th Amarilla TX 79109			
Principal occup	2603 W 26 th Amarillo TX 79109 ation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Bob Fenley			
3-23-21	Bob Fenley Contributor address; City; State; Zip Code	\$ 50.		
	7025 O'nell Amarillo, TX 79109	. 50.		
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3-23-21	Don and Clarecian Jackson Contributor address; City; State; Zip Code	\$35		
	3504 Edgewood Amarillo, TX 7914			
Principal occup	ation / Job title (See Instructions) Employer (See Instruct			

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Howard Smith	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
3-23-21	5 Full name of contributor out-of-state PAC (ID#:) Shirley Thomas 6 Contributor address; City; State; Zip Code 7911 Sleepy hollow Blw. Amarillo TX 79121 pation / Job title (See Instructions) 9 Employer (See Instructions)	\$50.		
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
3-26-21	Andrew Hall Contributor address; City; State; Zip Code 500 S. Taylor LB249 Amarillo, TX 79101 Suite of Suite (See Instructions) Employer (See Instruct	\$500.		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	iions)		
Date	Full name of contributor	Amount of contribution (\$)		
3-26-21	Mrs. Ben Bruckner Contributor address; City; State; Zip Code 22 Edgewater Amerillo, TA 79106	\$50.		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
3-21-21	Teff Neely Jr. Contributor address; City; State; Zip Code PO BOK 500 A	\$25.		
Principal occup	ation / Job title (See Instructions) Amarillo, TH Employer (See Instruct	tions)		

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SCHEDULE A1

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The	1 Total pages Schedule A1:			
2 FILER NAME	Howard Smith		3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
3-29-21	David and Sue Hudson 6 Contributor address; City; 7413 Park Ridge Amarillo	State; Zip Code	\$ 100.	
8 Principal occu		9 Employer (See Instruct	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
2-18-21	Andrew Mitchell Contributor address; City; 3004 Hughes Amarillo	State; Zip Code	\$200.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instruct	iions)	
Date		(ID#:)	Amount of contribution (\$)	
2-25-21	Jeff Conn contributor address; City; PO Bot 6026 Lubbock		\$ 100.	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
3-3-21	Jason Herrick Contributor address; City; 7901 Valcour Amerill	State; Zip Code	\$1000_	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

·		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME How	ard Smith	3 Filer ID (Ethics Commission Filers)
4 Date 3-3-21	5 Full name of contributor out-of-state PAC (ID#:) Wendi Finney 6 Contributor address: City; State; Zip Code 1608 Washington Amarillo TX 79102	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date *	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-5-2	Contributor address; City; State; Zip Code 3921 Woodfield Amarillo T+ 79/09	\$25,
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3-5-21	Greg Mitchell Contributor address; City; State; Zip Code 3005 Ong Amarillo Tt 79/09	\$ 300.
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3-9-21	Contributor address; City; State; Zip Code 7304 SW 34th Amarillo, TX 79121	\$ 100,
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME ₩ Occ	uard Smith		3 Filer ID (Ethics Commission Filers)	
3-19-21	5 Full name of contributor out-of-state PAC (Stan and Kathy Morris 6 Contributor address; City; 6308 Calumet Amarillo		7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Richard McL	(ID#:)	Amount of contribution (\$)	
3-20-21	Contributor address; City;	State; Zip Code 79 109	\$ 100.	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
3-24-21	B. C. Graham Contributor address; City; #4 Saragen Amarillo	State; Zlp Code 7 7 9 / 2 4	\$250.	
Principal occup	eatlon / Job title (See Instructions)	Employer (See Instruct	lons)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	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.				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other Contract Contr

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SMITH HOMBRD 5 Pavee name A MARILLO TX 1-13-2021 CITY 6 Amount (\$) 7 Payee address; State; Zip Code AMARILLO 601 S. BUCHANAN 100.00 79101 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description ARPLICATION FEE TO APPLICATION **PURPOSE** APPLY FOR PLACELY ON OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH DOUBLE 4 MARKETING 1-15-2021 Amount (\$) Zip Code 1608 S. WASHINGTON AMARILLO 106595 79105 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE PURPOSE HOUEDTI JING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date DOUBLE MARKETING 2-15- 2021 Amount (\$) Payee address; City; State: Zip Code WASHINGTON 1608 5. AMARILLO TX 1560.03 79102 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE ADVERTISINE PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME HOWARD SMITH		3 Filer ID (Ethics	s Commission Filers)
4 Date 2-15-2021	5 Payee name U.S. POST MASTER			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
440.00	JOST E. 9th AVE	AMARILLO	TX	19105
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	POSTAGE	POSTAL	£	
EXPENDITURE	ADVERTISING EXPENSE	=		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
3-1-202/	DONISCE U MARKETI	"NE		
Amount (\$)	Payee address;	City;	State;	Zip Code
4776.04	1608 S. WASHINGTON	AMPRILLO	14	79102
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENS	E AOVE	RT(51NB	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3-26.2021	U.S. POSTMASTER			
Amount (\$)	Payee address;	City;	State;	Zip Code
55,00	505 E. 9-th AVE	AMARILLO	o Tx	7105
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POSTAG	-	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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/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
Others (extens extension and listed shows)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME HOWARD SMIT		3 Filer ID (Ethics Commission Filers)
4 Date 3-30 - 1021	5 Payee name		
6 Amount (\$)	7 Payee address; Pay Pac. Com	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol		FEES
	(c) Check if travel outside of Texas. Complete School	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	edule) Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description	
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	DED