

# 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:

26

OFFICE USE ONLY

Date Received

RECEIVED

MAR 31 2021

CITY SECRETARY'S  
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

HOWARD

MI

S.

NICKNAME

LAST

SMITH

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1616 S. POLK

AMARILLO, TX 79102

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

358-8331

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

PAUL

MI

NICKNAME

LAST

MATNEY

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3918 EATON

AMARILLO

TX

79109

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

584-8229

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 2021

THROUGH

3 / 30 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 1 / 2021

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

AMARILLO CITY  
COUNCIL - PL4

13 OFFICE SOUGHT (if known)

14 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

AMARILLO MATTERS PAC

GENERAL

COMMITTEE ADDRESS

P.O. BOX 1532 AMARILLO, TX 79105

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

ANDREW HALL

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. BOX 1532, AMARILLO, TX 79101

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

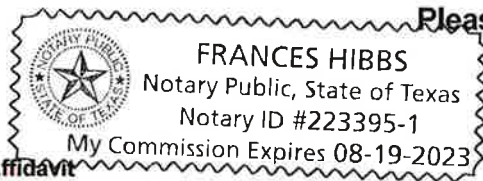
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>23,860.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>8,066.00</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>28,002.86</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Howard Smith*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Howard Smith this the 31 day of March, 2021, to certify which, witness my hand and seal of office.

Frances Hibbs Frances Hibbs City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>HOWARD SMITH</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>27860.00</b>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <b>8066.00</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>20</b>
2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-27-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry and Margaret Hodge</b>	7 Amount of contribution (\$) <b>\$ 1,000.</b>
	6 Contributor address; City; State; Zip Code <b>320 S. Polk Amarillo TX 79101</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1-18-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah Welch</b>	Amount of contribution (\$) <b>\$ 150.</b>
	Contributor address; City; State; Zip Code <b>7811 Stuyvesant Amarillo, TX 79121</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-2-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick and Rita Kuehl</b>	Amount of contribution (\$) <b>\$ 200.</b>
	Contributor address; City; State; Zip Code <b>5215 Clearwater Amarillo, TX 79110</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-<del>1</del>-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Rogers</b>	Amount of contribution (\$) <b>\$ 250.</b>
	Contributor address; City; State; Zip Code <b>5304 Tawney Amarillo, TX 79101</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME <i>Howard Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-4-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Riney</i>	7 Amount of contribution (\$) <i>\$100.</i>
6 Contributor address; City; State; Zip Code <i>320 S. Polk Suite 600 Amarillo TX 79101</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-4-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anne Preston</i>	Amount of contribution (\$) <i>\$50.</i>
Contributor address; City; State; Zip Code <i>5702 Crabtree Amarillo TX 79119</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-5-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Milton</i>	Amount of contribution (\$) <i>\$100.</i>
Contributor address; City; State; Zip Code <i>2809 Bowie Amarillo, TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-4-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Lawrence</i>	Amount of contribution (\$) <i>\$50.</i>
Contributor address; City; State; Zip Code <i>2217 Ong Amarillo, TX 79109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-6-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hugh and Renee Wilson</b>	7 Amount of contribution (\$) <b>\$ 50.</b>
6 Contributor address; City; State; Zip Code <b>6002 Windham Amarillo, TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2-6-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Howard and Lisa Batson</b>	Amount of contribution (\$) <b>\$ 200.</b>
Contributor address; City; State; Zip Code <b>9110 Lundy Lane Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-6-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Brian</b>	Amount of contribution (\$) <b>\$ 250.</b>
Contributor address; City; State; Zip Code <b>11 Didrickson Amarillo, TX 79124</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-9-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Norris</b>	Amount of contribution (\$) <b>\$ 100.</b>
Contributor address; City; State; Zip Code <b>1620 S. Polk Amarillo, TX 79102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-8-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard and Susan Bechtol</b>	7 Amount of contribution (\$) <b>\$100.</b>
6 Contributor address; City; State; Zip Code <b>7305 Deann Cir. Amarillo, TX 79121</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2-5-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Freda Simms</b>	Amount of contribution (\$) <b>\$100.</b>
Contributor address; City; State; Zip Code <b>14 Willow Bridge Amarillo, TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-8-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Altman</b>	Amount of contribution (\$) <b>\$50.</b>
Contributor address; City; State; Zip Code <b>3504 Farwell Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-8-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis and Cindy Claunch</b>	Amount of contribution (\$) <b>\$150.</b>
Contributor address; City; State; Zip Code <b>7706 Pebble brooke Amarillo, TX 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2-10-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy Caldwell	7 Amount of contribution (\$) \$ 50.
	6 Contributor address; City; State; Zip Code 4 Monte Rue Amarillo, TX 79121	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Bivins	Amount of contribution (\$) \$ 100.
	Contributor address; City; State; Zip Code PO Box 708 Amarillo, TX 79105	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack and Susan Robinson	Amount of contribution (\$) \$ 100.
	Contributor address; City; State; Zip Code 3312 Danvers Sut. C Amarillo, TX 79104	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-14-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Peterson	Amount of contribution (\$) \$ 100.
	Contributor address; City; State; Zip Code 5 Edgewater Amarillo TX 79106	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-14-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward and Trava Morris</b>	7 Amount of contribution (\$) <b>\$100.</b>
6 Contributor address; City; State; Zip Code <b>3501 Cinderella Ln Amarillo, TX 79121</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-12-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dee Miller</b>	Amount of contribution (\$) <b>\$300.</b>
Contributor address; City; State; Zip Code <b>5315 Berget Amarillo, TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-14-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Samantha Carol Lovelady</b>	Amount of contribution (\$) <b>\$250.</b>
Contributor address; City; State; Zip Code <b>2817 Crockett Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-13-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dean Morrison</b>	Amount of contribution (\$) <b>\$500.</b>
Contributor address; City; State; Zip Code <b>2609 Hughes Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2-4-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Parkey	7 Amount of contribution (\$) \$ 250.
	6 Contributor address; City; State; Zip Code PO Box 2966 Amarillo, TX 79105	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garland and Sharon Sell	Amount of contribution (\$) \$ 250.
	Contributor address; City; State; Zip Code 7801 Clearmeadow Amarillo, TX 79119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-12-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Liz Hughes	Amount of contribution (\$) \$ 2500.
	Contributor address; City; State; Zip Code 2806 Parker Amarillo TX 79109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe and Laura Street	Amount of contribution (\$) \$ 250.
	Contributor address; City; State; Zip Code 7800 New England Pky Amarillo, TX 79119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>2-15-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Mozala</b>	7 Amount of contribution (\$)  <b>\$250.</b>
	6 Contributor address; City; State; Zip Code <b>2808 Bonham Amarillo, TX 79109</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-16-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Crawford</b>	Amount of contribution (\$)  <b>\$200.</b>
	Contributor address; City; State; Zip Code <b>6601 Admiral Amarillo, TX 79124</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-19-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephan and Sharon Dalrymple</b>	Amount of contribution (\$)  <b>\$500.</b>
	Contributor address; City; State; Zip Code <b>1521 Rusk Amarillo, TX 79102</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-20-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lilia Escajela</b>	Amount of contribution (\$)  <b>\$250.</b>
	Contributor address; City; State; Zip Code <b>PO Box 33044 Amarillo, TX 79120</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2-20-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas and Lori Novak	7 Amount of contribution (\$) \$100.
6 Contributor address; City; State; Zip Code 9100 Perry Amarillo, TX 79110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill and Bonnie Cox	Amount of contribution (\$) \$100.
Contributor address; City; State; Zip Code 6549 18 <sup>th</sup> St. Rd. Greely, Colo. 80634		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton and Luise Tyson	Amount of contribution (\$) \$50.
Contributor address; City; State; Zip Code 2220 Tyler Amarillo, TX 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith and Neva Blair	Amount of contribution (\$) \$50.
Contributor address; City; State; Zip Code 1534 Alabama Amarillo, TX 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Howard Smith		3 Filer ID (Ethics Commission Filers)
4 Date 2-22-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey and Alona Elms	7 Amount of contribution (\$) \$100.
6 Contributor address; City; State; Zip Code 6304 Jameson Amarillo, TX 79106		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2-23-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy and Stacy Sharp	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5709 Crabtree Ct. Amarillo, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-23-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna McKee	Amount of contribution (\$) \$25.
Contributor address; City; State; Zip Code 1300 Harrison #202 Amarillo, TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike or Liz Hughes	Amount of contribution (\$) \$2000.
Contributor address; City; State; Zip Code PO Box 51149 Amarillo, TX 79159		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-24-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carol Ann Reeves</b>	7 Amount of contribution (\$)  <b>\$250.</b>
	6 Contributor address; City; State; Zip Code <b>3920 Linda Amarillo, TX 79109</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-24-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David and Machiel Horsley</b>	Amount of contribution (\$)  <b>\$50.</b>
	Contributor address; City; State; Zip Code <b>1710 Harrison Amarillo, TX 79102</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-2-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert or Bonnie Sanders</b>	Amount of contribution (\$)  <b>\$50.</b>
	Contributor address; City; State; Zip Code <b>3800 Doris Amarillo, TX 79109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-2-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>L. Louise Box</b>	Amount of contribution (\$)  <b>\$25.</b>
	Contributor address; City; State; Zip Code <b>6501 Dreyfuss Amarillo, TX 79106</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>20</b>
2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-2-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Matney</b>	7 Amount of contribution (\$) <b>\$ 200.</b>
6 Contributor address; City; State; Zip Code <b>3918 Eaton Amarillo, TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-2-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Mrs. Steven Austin</b>	Amount of contribution (\$) <b>\$ 200.</b>
Contributor address; City; State; Zip Code <b>2815 S. Georgia Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-2-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Political Action Committee Amarillo Assoc. of Realtors</b>	Amount of contribution (\$) <b>\$ 5000.</b>
Contributor address; City; State; Zip Code <b>5601 Enterprise Cir. Amarillo, TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-4-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul and Jenny Harpole</b>	Amount of contribution (\$) <b>\$ 250.</b>
Contributor address; City; State; Zip Code <b>7703 Pebblebrook Amarillo, TX 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20</b>
2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-4-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven &amp; R'jana Becker</b>	7 Amount of contribution (\$) <b>\$50.</b>
6 Contributor address; City; State; Zip Code <b>7821 Cervin Amarillo, TX 79121</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-4-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry and Ginger Jackson</b>	Amount of contribution (\$) <b>\$25.</b>
Contributor address; City; State; Zip Code <b>6008 Rutgers Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-4-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill and Beverly Harris</b>	Amount of contribution (\$) <b>\$250.</b>
Contributor address; City; State; Zip Code <b>7802 Stuyvesant Amarillo, TX 79121</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-4-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill and Carol Brian</b>	Amount of contribution (\$) <b>\$100.</b>
Contributor address; City; State; Zip Code <b>2807 Lipscomb Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# 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 3-4-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard and Kay Brown	7 Amount of contribution (\$) \$250.
6 Contributor address; City; State; Zip Code 3004 Hayden Amarillo TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean and Judith Doherty	Amount of contribution (\$) \$1000.
Contributor address; City; State; Zip Code 3203 Ong Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jinger White	Amount of contribution (\$) \$150.
Contributor address; City; State; Zip Code 6609 Sandie Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill and Poppy McCarty	Amount of contribution (\$) \$250.
Contributor address; City; State; Zip Code 7801 Kingsgate Amarillo, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20</b>
2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-10-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary and Sally Jennings</b>	7 Amount of contribution (\$) <b>\$ 250.</b>
6 Contributor address; City; State; Zip Code <b>4503 Greenwich Amarillo, TX 79119</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-10-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Claudette Landess</b>	Amount of contribution (\$) <b>\$ 300.</b>
Contributor address; City; State; Zip Code <b>8 Teal Court Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-17-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randy and Debbie Jeffers</b>	Amount of contribution (\$) <b>\$ 250.</b>
Contributor address; City; State; Zip Code <b>6214 McCoy Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-18-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leon Swift</b>	Amount of contribution (\$) <b>\$ 50.</b>
Contributor address; City; State; Zip Code <b>2401 W 26<sup>th</sup> Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-18-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James and Micky Campbell</b>	7 Amount of contribution (\$) <b>\$ 250.</b>
6 Contributor address; City; State; Zip Code <b>6202 Elmhurst Amarillo, TX 79106</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3-23-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra McCarth</b>	Amount of contribution (\$) <b>\$ 50.</b>
Contributor address; City; State; Zip Code <b>2603 W 26<sup>th</sup> Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3-23-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bob Fenley</b>	Amount of contribution (\$) <b>\$ 50.</b>
Contributor address; City; State; Zip Code <b>7025 O'neil Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3-23-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don and Clarecia Jackson</b>	Amount of contribution (\$) <b>\$ 35.</b>
Contributor address; City; State; Zip Code <b>3504 Edgewood Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20</b>
2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-29-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David and Sue Hudson</b>	7 Amount of contribution (\$) <b>\$100.</b>
6 Contributor address; City; State; Zip Code <b>7413 Park Ridge Amarillo, TX 79119</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-18-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew Mitchell</b>	Amount of contribution (\$) <b>\$200.</b>
Contributor address; City; State; Zip Code <b>3004 Hughes Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-25-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Conn</b>	Amount of contribution (\$) <b>\$100.</b>
Contributor address; City; State; Zip Code <b>PO Box 6026 Lubbock TX 79493</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-3-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Herrick</b>	Amount of contribution (\$) <b>\$1000.</b>
Contributor address; City; State; Zip Code <b>7901 Valcour Amarillo TX 79101</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20</b>
2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-3-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendi Finney</b>	7 Amount of contribution (\$) <b>\$100.</b>
	6 Contributor address; City; State; Zip Code <b>1608 Washington Amarillo TX 79102</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-5-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phil Woodall</b>	Amount of contribution (\$) <b>\$25.</b>
	Contributor address; City; State; Zip Code <b>3921 Woodfield Amarillo TX 79109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-5-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg Mitchell</b>	Amount of contribution (\$) <b>\$ 300.</b>
	Contributor address; City; State; Zip Code <b>3005 Ong Amarillo TX 79109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-9-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rob Law</b>	Amount of contribution (\$) <b>\$ 100.</b>
	Contributor address; City; State; Zip Code <b>7304 SW 34th Amarillo, TX 79121</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20</b>
2 FILER NAME <b>Howard Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-19-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stan and Kathy Morris</b>	7 Amount of contribution (\$) <b>\$100.</b>
6 Contributor address; City; State; Zip Code <b>6308 Calumet Amarillo TX 79106</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-20-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard McKay</b>	Amount of contribution (\$) <b>\$100.</b>
Contributor address; City; State; Zip Code <b>3203 S. Ony Amarillo, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-24-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>B. C. Graham</b>	Amount of contribution (\$) <b>\$250.</b>
Contributor address; City; State; Zip Code <b>#4 Saragen Amarillo TX 79124</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | 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 <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-13-2021</b>	5 Payee name <b>CITY OF AMARILLO, TX</b>
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6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>601 S. BUCKANAN AMARILLO TX 79101</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>APPLICATION FEE</b>	(b) Description <b>APPLICATION FEE TO APPLY FOR PLACE ON CITY COUNCIL</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-15-2021</b>	Payee name <b>DOUBLE U MARKETING</b>
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Amount (\$) <b>1065.95</b>	Payee address; City; State; Zip Code <b>1608 S. WASHINGTON AMARILLO TX 79102</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-15-2021</b>	Payee name <b>DOUBLE MARKETING</b>
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Amount (\$) <b>1560.03</b>	Payee address; City; State; Zip Code <b>1608 S. WASHINGTON AMARILLO TX 79102</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | 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 <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2-15-2021</b>	5 Payee name <b>U.S. POSTMASTER</b>
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6 Amount (\$) <b>440.00</b>	7 Payee address; <b>500 E. 9TH AVE</b>	City; <b>AMARILLO</b>	State; <b>TX</b>	Zip Code <b>79105</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>POSTAGE ADVERTISING EXPENSE</b>	(b) Description <b>POSTAGE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-3-2021</b>	Payee name <b>DOMBLE U MARKETING</b>
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Amount (\$) <b>4776.04</b>	Payee address; <b>1608 S. WASHINGTON</b>	City; <b>AMARILLO</b>	State; <b>TX</b>	Zip Code <b>79102</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-26-2021</b>	Payee name <b>U.S. POSTMASTER</b>
--------------------------	--------------------------------------

Amount (\$) <b>55.00</b>	Payee address; <b>505 E. 9TH AVE</b>	City; <b>AMARILLO</b>	State; <b>TX</b>	Zip Code <b>79105</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>POSTAGE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>HOWARD SMITH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3-30-2021</b>	<b>5</b> Payee name <b>PAY PAL</b>	
<b>6</b> Amount (\$) <b>68.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>PAY PAL.COM</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FEEES</b>	<b>(b)</b> Description <b>PAY PAL FEES</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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