CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

SCANNED

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed: 50
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS	FIRST Claudette	MI R		USE ONLY
NAME	NICKNAME	LAST, Smith	SUFFIX	Date Recause	SEIVED
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY: STATE: ZIP CODE	1 APR	23 2021
OFFICEHOLDER MAILING ADDRESS		Ave Ste 1 PMB 2			ECRETARY'S F AMARILLO
Change of Address	Amarillo,	TX	79121	Cirro	r AWANILLO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806) 678-2	PHONE NUMBER	EXTENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mr.	Arthur	C_	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Acord		Date images	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / S L, Ste 320	SUITE #: CITY; PMB 238	STATE:	ZIP CODE
(Residence or Business)	Amarillo,	TX	79109		
8 CAMPAIGN TREASURER PHONE	(806) 283-3	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election Runoff		fter campaign ppointment er Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 4/1/	Day Year	Month THROUGH 4/21	Dav Yea ./2021	r
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E	
	Month Day	Year Primary			
	5/1/2021	Genera	Description Special		
	5/1/2021				
12 OFFICE	DECIDE HELD IN ANY		Mayor	int.	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITUR	S ACCEPTED OR POLITICAL EXPENDITURES ES MAY HAVE BEEN MADE WITHOUT THE CA UIRED TO REPORT THIS INFORMATION ONLY IF	NDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TO	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
		N/A			
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Claudette	R Smith	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,134.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,254.42
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 3,220.85
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	\$ 51,293.41
Committee of the Commit	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information
16	quired to be reported by the dilder fille 13, Election Code.	
	Signature of Cand	lidate or Officeholder
	Please complete either option below:	
	. iouse complete state, space, below.	
(1) Affidavit		
NOTARY STAMP/SEA	AL.	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR OR	
(2) Unsworn Declarat	ion	
My name is	dette South and my date of birth is and my date of birth is	8/21/86 X 79/21 VS
Executed in Randa	(street) (state of 1000 , on the 33 day of (month)	ete) (zip code) (country) , 20 21 (year)
	Signature of Candida	te/Officeholder (Declarant)
1	orginate of Caridida	is simportation (Doublant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
С	laudette R Smith		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,634.30
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 32,500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 29,896.33
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 39,254.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ C
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$ C

SCHEDULE A1

		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	7
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Claudette R Smith	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
04/05/2021	Oscar Gamboa	\$500.00
1	6 Contributor address; City; State; Zip Code	
	709 S Polk Amarillo, TX 79101	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
04/01/2021	Beau Scarborough	\$9.41
	Contributor address; City; State; Zip Code	
	6704 Westcliff Pkwy Amarillo, TX 79124	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	
04/06/2021	Tashiana Schumann-Haley	Amount of contribution (\$) \$19.12
	Contributor address; City; State; Zip Code	
ļ	3412 Eddy St Amarillo, TX 79109	
Principal occi	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	
04/06/2021	Bunny & Doyle Leathers	
		\$100.00
	Contributor address; City; State; Zip Code	
	3500 Timber Amarillo, TX 79121	
Principal occ	upation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL CORP. OF THE CO.	
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional actions.	i NEEDED
	additions	

SCHEDULE A1

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
	s. Claudette R Smith			
Date	5 Full name of contributor	7 Amount of contribution (\$)		
4/13/2051	Oscar Gamboa	\$500.00		
	6 Contributor address; City: State; Zip Code			
	709 S Polk Amarillo, TX 79101			
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
4/19/2021	Oscar Gamboa	\$500.00		
	Contributor address; City; State; Zip Code			
	709 S Polk Amarillo, TX 79101			
	709 S FOIR AMAILIEO, IN 79101			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
04/20/2021	Oscar Gamboa	\$500.00		
	Contributor address; City; State; Zip Code			
	709 S Polk Amarillo, TX 79101			
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/15/2021	J. Merlene Fritts	\$25.00		
	Contributor address; City; State; Zip Code			
	1001 Shasta Amarillo, TX 79110			

SCHEDULE A1

	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	s. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state_PAC	(ID#:)	7 Amount of contribution (\$)
4/14/2021		State: Zip Code	\$4.55
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/16/2021	Alan Davidson		\$48.25
	Contributor address; City;	State; Zip Code	
	4115 Pinehurst Dr Amarillo, TX	79109	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 4/18/2021	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
	P.O. Box 52232 Amarillo, TX 79	•	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	L ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
04/08/2021	Contributor address: City: 6501 Sheldon Amarillo, TX 791	State; Zip Code	\$50.00
	upation / Job title (See Instructions)	Employer (See Instru	

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME Ms. Claudette R Smith			1 Total pages Schedule A1:	
			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
4/13/2021	Buffalo Towing		\$1,000.00	
	6 Contributor address; City;	State; Zip Code		
	329 North Shore Dr Amarillo, TX	79118		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
			,	
Date	Full name of contributor	(ID#)	Amount of contribution (\$)	
04/11/2021	Justin Taylor		\$25.00	
	Contributor address; City;			
	7308 Tacoma Amarillo, TX 7911	8		
Principal occu	 pation / Job title (See Instructions)	Employer (See Instru	(ctions)	
Date 04/10/2021	_	C (ID#:)	Amount of contribution (\$)	
04/10/2021	Sonya Lukas		\$10.00	
	Contributor address: City: 2918 6th Ave Amarillo, TX 7910	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	actions)	
Date	Full name of contributor out-of-state_PA	C (ID#:	Amount of contribution (\$)	
04/13/2021	Carolyn Kron		\$25.00	
	Contributor address; City;	State; Zip Code	•	
	6605 Mosley St Amarillo, TX 7	9119		
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	uctions)	

SCHEDULE A1

6 Contributor address; City; State; Zip Code 4223 South Jackson st. Amarillo, TX 79110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor	
Ms. Claudette R Smith Date 5 Full name of contributor	
Date 5 Full name of contributor out-of-state PAC (ID#: 55.00	Filers)
4/08/2021 Juana Fraire \$5.00 6 Contributor address: City: State: Zip Code 4223 South Jackson st. Amarillo, TX 79110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) \$10.00 Contributor address: City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	
6 Contributor address: City: State: Zip Code 4223 South Jackson st. Amarillo, TX 79110 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 510.00 Contributor address: City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	
6 Contributor address: City: State: Zip Code 4223 South Jackson st. Amarillo, TX 79110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 34/19/2021 Janet Cubitt Contributor address: City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	
B Principal occupation / Job title (See Instructions) Pate Full name of contributor Janet Cubitt Contributor address; City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 14/19/2021 Janet Cubitt Contributor address; City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Janet Cubitt \$10.00 Contributor address; City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	
Janet Cubitt \$10.00 Contributor address; City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	
4/19/2021 Janet Cubitt \$10.00 Contributor address: City: State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	· · · · · · · · · · · · · · · · · · ·
Contributor address; City; State: Zip Code 7307 Dreyfuss Dr Amarillo, TX 79121	,
7307 Dreyfuss Dr Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$))
04/15/2021 Barbara Cromer \$100.00	•
Contributor address; City; State; Zip Code	
7306 Jameson Dr Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$	
04/16/2021 Anne Carpenter \$39.14	•
Contributor address; City; State; Zip Code	
5204 Hall Ave Amarillo, TX 79109	
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.	

SCHEDULE A1

	Instruction Guide explains how to complete this		7
FILER NAME	s. Claudette R Smith		3 Filer ID (Ethics Commission Filers)
		· · · · · · · · · · · · · · · · · ·	
		(ID#:)	7 Amount of contribution (\$)
4/19/2021	Teresa Foster		\$25.00
	6 Contributor address; City;	State; Zip Code	
	3412 Carlton Dr Amarillo, TX 7	9109	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
4/20/2021	Stephen Dunlap		\$10.00
	Contributor address; City;	State; Zip Code	
	7411 Gainsborough Amarillo, TX	79121	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date 04/20/2021	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City;	State; Zip Code	
	3020 SW 6th Ave. Amarillo, TX		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	Full name of contributor out-of-state PA	C (ID#:	Amount of contribution (\$)
Date	Ascension Rangel		\$20.00
Date 04/21/2021	Contributor address; City:	State; Zip Code	
	Contributor address: City: 4301 S Virginia Amarillo, TX	State: Zip Code	
04/21/2021			uctions)

SCHEDULE A1

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	3 Filer ID (Ethics Commission Filers)
s. Claudette R Smith	
5 Full name of contributor out-of-state_PAC (ID#:	, 7 Amount of contribution (\$)
Lynda Martinez	\$20.00
6 Contributor address; City; State; Zip C	
8015 Roach Drive Amarillo, TX 79121	
upation / Job title (See Instructions) 9 Employer (S	See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Chery McLemore	\$9.71
Contributor address; City; State; Zip C	
2710 John Drive Amarillo, TX 79110	
pation / Job title (See Instructions) Employer (S	 See Instructions
Full name of contributor	Amount of contribution (\$)
Ricardo Hernandez	\$20.00
Contributor address; City; State; Zip C	
3315 Lenwood Dr Amarillo, TX 79109	
pation / Job title (See Instructions) Employer (S	See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Paula O'Cairre	\$15.00
Contributor address; City; State; Zip C	•••••
817 S Maryland St Amarillo, TX 79106	
	5 Full name of contributor

SCHEDULE A2

			· · · · · · · · · · · · · · · · · · ·	
Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:
2 FILER NAME Ms. (E Claudette R Smith		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 32,500.00	
	5815 Notre Dame Dr Amarillo, TX 79	Zip Code	Contribution \$ \$5,500.00 Check if travel outsi	9 In-kind contribution description Media: A/V editing de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICI	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ \$3,500.00	In-kind contribution description multimedia
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		ide of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see Instruc	THIS SCHED	ULE AS NEEDED or additional reporti	ng requirements.

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	lule A2:
2 FILER NAME Ms. (Elaudette R Smith		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 32,500.00	
	7105 Fanchun St Amarillo, TX 79119	Zip Code	1	9 In-kind contribution description Labor related to Isigns and video
TO Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/03/2021	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description media, advertising, labor
Principal occ	4410 Van Kriston Dr Amarillo, TX 7 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)			side of Texas. Complete Schedule T. IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spo	use (if any) (FOR JUDICIAL)
If contributer	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see instruction	HIS SCHED	ULE AS NEEDED r additional reporti	ng requirements.

SCHEDULE A2

			•	
Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 5		
2 FILER NAME	Elaudette R Smith		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 32,500.00	
5 Date 04/05/2021		Zip Code 9118	8 Amount of Contribution \$ \$1,800.00	9 In-kind contribution description Website Maintenance ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date 04/07/2021	Full name of contributor out-of-state PAC (ID#: Josh Lopez Contributor address: City: State; 5623 SW 43rd Amarillo, TX 79109			In-kind contribution I description I Media work I I side of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spo	use (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF	THE 2015		
	If contributor is out-of-state PAC, please see Instruc	tion guide fo	or additional report	ing requirements.

SCHEDULE A2

				
Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedu 5	ule A2:
2 FILER NAME Ms. C	Elaudette R Smith		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 32,500.00	
	2918 6th Ave Amarillo, TX 79106	Zip Code	Contribution \$ \$1,500.00 Check if travel outs	I 9 In-kind contribution I description Venue, Food, & Beverage I I Ide of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FUR NUN-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spot	ise (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#:		_	In-kind contribution description Labor: sign delivery and installation dide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ		IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fin	m of contributor's spoi	use (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF I if contributor is out-of-state PAC, please see instruct			ng requirements.

SCHEDULE A2

•			•		
Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME Ms. (E Claudette R Smith		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 32,500.00		
	6 Full name of contributor out-of-state PAC (ID#:	Zip Code		I g In-kind contribution I description Advertising and media I I Ide of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contribi	itors job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 04/18/2021	Full name of contributor	Zip Code	Amount of Contribution \$ \$1,000.00	In-kind contribution description Digital media l discription Indicate the dia lidite of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)	
Contributor	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc			ng requirements.	

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2 FILER NAME	s. Claudette R Sm:	ith	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	\$ 0			
5 Date of loan 04/04/2021	Claudette Smith	PAC (ID#:)	9 Loan Amount (\$) \$752.00	
6 Is lender a financial Institution?	8 Lender address; City; 4410 Van Kriston Dr. Amari	State: Zip Code	10 Interest rate 0 % 11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Call	ateral	Check if personal fun- account (See Instruct	ds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan 04/03/2021	Claudette Smith	PAC (ID#:)	Loan Amount (\$) \$154.00	
ls lender a financial Institution?	Lender address; City; 4410 Van Kriston Dr. Amari	State: Zip Code	Interest rate 0 % Maturity date	
Y Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Col	lateral	Check if personal fun	nds were deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code	•	
Principal Occupat	tion (See Instructions)	Employer (See Instructions)		
If I	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re		

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The	1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ms	s. Claudette R Sm.	ith	
TOTAL OF UN	IITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender ut-of-state P	PAC (ID#:)	9 Loan Amount (\$)
04/02/2021	Claudette Smith		\$65.52
6 Is lender a financial Institution?	8 Lender address; City; 4410 Van Kriston Dr. Amari	State; Zip Code	10 Interest rate 0 ₺ 11 Maturity date
Y 💅			
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Principal Occupa	ition (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
04/09/2021	Claudette Smith		\$468.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0 %
Institution?	4410 Van Kriston Dr. Amari	IIIO, IX /9:21	Maturity date
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral		Check if personal fur account (See Instruc	nds were deposited into political titions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
4	Guarantor address; City;	State; Zip Code	
not applicable		Employee (Oct.)	
Principal Occupa	ation (See Instructions)	Employer (See Instructions)	
	* ** ** ** * * * * * * * * * * * * * * *	PIES OF THIS SCHEDULE AS NE	
lf If	lender is out-of-state PAC, please see in	nstruction guide for additional i	reporting requirements.

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The	Instruction Guide explains how to complete	e this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ms	. Claudette R Smit	th	
4 TOTAL OF UN	\$ 0		
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)			9 Loan Amount (\$)
04/13/2021	Claudette Smith		\$504.00
6 Is lender a financial Institution?	8 Lender address; City: 4410 Van Kriston Dr. Amaril	State: Zip Code	10 Interest rate ○ % 11 Maturity date
Y •			,
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral 1	Check if personal fundaccount (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender cut-of-state PA	AC (ID#)	Loan Amount (\$)
04/13/2021	Claudette Smith		\$330.00
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate 0 %
Y V	4410 Van Kriston Dr. Amaril	.10, TX /9121	Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Description of Collateral		Check if personal fun account (See Instruc	nds were deposited into political
✓ none GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION Information	Guarantor address; City;	State; Zip Code	
	ion (See Instructions)	Employer (See Instructions)	
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The	1 Total pages Schedule E:		
FILER NAME			3 Filer ID (Ethics Commission Filers
M	s. Claudette R Sm:	ith	
TOTAL OF UN	IITEMIZED LOANS		\$ 0
Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan Amount (\$)
04/16/2021	MCF Management		\$10,667.00
8 Lender address; City: State; Zip Code landination? 12851 I-27, Amarillo, TX 79118			10 Interest rate 0 % 11 Maturity date
Y			
Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	ateral	15 Check if personal fun	nds were deposited into political
none		account (See Instruc	
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address: City:	State: Zip Code	•
not applicable	18 Guarantor address; City;	State; Zip Code	
		State; Zip Code 21 Employer (See Instructions)	
	tion (See Instructions)		Loan Amount (\$)
Principal Occupa	tion (See Instructions) Name of lender	21 Employer (See Instructions) PAC (ID#:)	Loan Amount (\$) \$10,500.00
Date of loan 04/19/2021 Is lender	tion (See Instructions) Name of lender	21 Employer (See Instructions)	\$10,500.00 Interest rate
Date of loan 04/19/2021 Is lender a financial Institution?	Name of lender ut-of-state	21 Employer (See Instructions) PAC (ID#:) State; Zlp Code	\$10,500.00
Date of loan 04/19/2021 Is lender a financial Institution?	Name of lender out-of-state MCF Management Lender address; City;	21 Employer (See Instructions) PAC (ID#:) State; Zlp Code	\$10,500.00 Interest rate 0 %
Date of loan 04/19/2021 Is lender a financial Institution? Y Principal occupation	Name of lender out-of-state MCF Management Lender address: City: 12851 I-27, Amarillo, TX 791 ion / Job title (See Instructions)	21 Employer (See Instructions) PAC (ID#:	\$10,500.00 Interest rate 0 % Maturity date
Date of loan 04/19/2021 Is lender a financial Institution? Y Principal occupation	Name of lender out-of-state MCF Management Lender address: City: 12851 I-27, Amarillo, TX 791 ion / Job title (See Instructions)	21 Employer (See Instructions) PAC (ID#:	\$10,500.00 Interest rate 0 % Maturity date nds were deposited into political
Date of loan 04/19/2021 Is lender a financial Institution? Y Principal occupation of Common principal occupation principal occupation of Common principal occupation p	Name of lender out-of-state MCF Management Lender address: City: 12851 I-27, Amarillo, TX 791 ion / Job title (See Instructions)	21 Employer (See Instructions) PAC (ID#:	\$10,500.00 Interest rate 0 % Maturity date Inds were deposited into political ctions)
Date of loan 04/19/2021 Is lender a financial Institution? Y Principal occupation of Company of	Name of lender out-of-state MCF Management Lender address: City: 12851 I-27, Amarillo, TX 791 ion / Job title (See Instructions) Illateral Name of guarantor Guarantor address: City:	21 Employer (See Instructions) PAC (ID#:	\$10,500.00 Interest rate 0 % Maturity date Inds were deposited into political ctions)

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The	1 Total pages Schedule E:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Ms	Ms. Claudette R Smith				
4 TOTAL OF UNITEMIZED LOANS			\$ 0		
5 Date of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan Amount (\$)		
04/10/2021	Claudette Smith		s301.67		
6 Is lender a financial Institution?	8 Lender address; City; 4410 Van Kriston Dr. Amari	State; Zip Code	10 Interest rate 0 %		
Y 💅			11 Maturity date		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	•		
14 Description of Col	lateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable 20 Principal Occupation (See Instructions) 18 Guarantor address; City; State; Zip 21 Employer (See Instructions)					
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
04/13/2021	Claudette Smith		\$295.87		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate 0 %		
Y V	4410 Van Kriston Dr. Amari	.110, TX /9121	Maturity date		
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	1		
Description of Collateral		Check if personal fun	ds were deposited into political		
GUARANTOR INFORMATION	Name of guarantor	23508IN (Coo INSTITUTE	Amount Guaranteed (\$)		
🗹 not applicable	Guarantor address; City;	State; Zip Code			
Principal Occupat	lion (See Instructions)	Employer (See Instructions)	1		
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2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Ms	. Claudette R Smi	ith		
4	TOTAL OF UN	ITEMIZED LOANS		\$ 0	
5	Date of loan	7 Name of lender ut-of-state P	AC (ID#:)	9 Loan Amount (\$)	
	04/15/2021	Claudette Smith		\$652.17	
	Is lender a financial Institution?	8 Lender address: City: 4410 Van Kriston Dr. Amari	State; Zip Code	10 Interest rate 0 % 11 Maturity date	
12		- / leb title (Con testerations)	13 Employer (See Instructions)		
. 4	Frincipal occupation	on / Job title (See Instructions)	Employer (388 instructions)		
14	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State; Zip Code		
20	Principal Occupa	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender ☐ out-of-state	PAC (ID#)	Loan Amount (\$)	
	04/16/2021	MCF Management		\$500.00	
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0 %	
	Institution?	12851 I-27, Amarillo, TX 791	.18	Maturity date	
	Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral		lateral	Check if personal fur account (See Instruc	nds were deposited into political ctions)	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	Principal Occupa	tion (See Instructions)	Employer (See Instructions)		
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2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
		s. Claudette R Smi	ith		
	MS	o. Claudette R Sm.	T C11		
4	TOTAL OF UN	IITEMIZED LOANS		\$ 0	
5	Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)	
		Claudette Smith		\$350.00	
6	Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
	a financial Institution?	4410 Van Kriston Dr. Amari	•	0 %	
	- 1	Amali	TTO, IV 12151	11 Maturity date	
L	Y V				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	ateral	15 Chash if samuel for		
	✓ none		Check if personal fun account (See Instruction	ds were deposited into political tions)	
16		17 Name of quaranter		10 10 10	
۱'°	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
l			•••••		
		18 Guarantor address; City;	State; Zip Code		
	not applicable				
20	Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	I.	
L			ampleyer (dee instructions)		
Γ	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
	04/21/2021	Claudette Smith	,		
-	3.7.217.2021		•••••	\$239.73	
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
	Institution?	4410 Van Kriston Dr. Amari	.llo, TX 79121	O %	
	Y 🗸			Maturity date	
_	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
		(edo mandonoria)	Employer (See Instructions)		
\vdash	Deposite of C	DAGGE CONTRACTOR OF THE CONTRA			
	Description of Coll	aterai		ds were deposited into political	
	none account (See Instru			tions)	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State: Zip Code		
L	not applicable				
	Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
F					
			IES OF THIS SCHEDULE AS NE		
	1f 1	ender is out-of-state PAC, please see Ins	struction guide for additional re	eporting requirements.	

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2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Ms				
4 TOTAL OF UN	\$ 0			
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
04/21/2021	Claudette Smith		\$26.45	
6 Is lender a financial Institution?	8 Lender address; City; 4410 Van Kriston Dr. Amari		10 Interest rate 0 % 11 Maturity date	
Y •				
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collateral Check if personal funds were deposited into political account (See Instructions)				
none 16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)	
INFORMATION			15 Amount Guaranteeu (5)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
04/21/2021	Claudette Smith		\$47.43	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?	4410 Van Kriston Dr. Amari	illo, TX 79121	Maturity date	
Y •				
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Col	lateral	Check if personal fur	nds were deposited into political	
☑ none		account (See Instruc		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
	tion (See Instructions)	Employer (See Instructions)	1	
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The	Instruction Guide explains how to comple	1 Total pages Schedule E:		
2 FILER NAME		4	3 Filer ID (Ethics Commission Filers)	
Ms	s. Claudette R Sm.	ith		
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0	
5 Date of loan	7 Name of lender ut-of-state P	PAC (ID#:)	9 Loan Amount (\$)	
04/19/2021	Claudette Smith		\$204.76	
6 Is lender a financial Institution?	8 Lender address; City; 4410 Van Kriston Dr. Amari	State; Zip Code	10 Interest rate ○ % 11 Maturity date	
	no / Jak Kill (O	12 5	<u></u>	
rincipal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address City			
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
04/19/2021	Claudette Smith	,	\$124.45	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?	4410 Van Kriston Dr. Amari	illo, TX 79121	Maturity date	
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	lateral	Check if personal fun	nds were deposited into political	
enon 💟		account (See Instruc		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
	tion (See Instructions)	Employer (See Instructions)		
emicipal Occupat		Employer (See Instructions)		
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	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 15		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Ms	s. Claudette R Sm	ith	·		
_						
	TOTAL OF UN	IITEMIZED LOANS		\$ 0		
5	Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
	04/19/2021	Claudette Smith		\$641.70		
6	Is lender a financial Institution?	8 Lender address: City; 4410 Van Kriston Dr. Amari	State; Zip Code	10 Interest rate 0 %		
	Y 11/	THE TAIL RELEGION DE . MINETE	110, IA 1912I	11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	15 Check if personal fund	ds were deposited into political		
	none		account (See Instructi			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
		TO Cuarantor address, Oity,	State, Zip Code			
	not applicable					
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
F	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
	04/13/2021	Claudette Smith	,	\$167.84		
\vdash			Observe Tip Op do	Interest rate		
	Is lender a financial	Lender address; City;	State; Zip Code	0 %		
	Institution?	4410 Van Kriston Dr. Amarillo, TX 79121		Maturity date		
L	Y W					
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
\vdash	Description of Coll	lateral	Charle if assess for	de ware denocited into solition!		
☑ none			Check if personal fun-	ds were deposited into political tlons)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City; State; Zip Code			1		
	not applicable					
r	Principal Occupat	tion (See Instructions)	Employer (See Instructions)	1		
F						
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2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
		Claudatta D. Gu	* 4.5			
<u> </u>	M.S	s. Claudette R Sm	ith			
4	TOTAL OF UN	IITEMIZED LOANS		\$ 0		
5	Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)		
	04/13/2021	Claudette Smith	,	\$23.76		
6	Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
	a financial	4410 Van Kriston Dr. Amari	•	0 %		
	_	Amari	110, 1% /9121	11 Maturity date		
	Y					
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	15			
	none			ds were deposited into political tions)		
16	GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)		
l	INFORMATION			(0)		
		18 Guarantor address; City;				
		18 Guarantor address; City;	State; Zip Code			
Ì	not applicable					
20	Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
		·	- Employer (See Institutions)			
	Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)		
l	04/13/2021	Claudette Smith		\$315.84		
	Is lender			Interest rate		
	a financial	Lender address; City;	State; Zip Code	0 %		
	Institution?	4410 Van Kriston Dr. Amari	llo, TX 79121			
	Y •			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
 	Description of Coll	etoral				
	Description of Con	aterai	Check if personal fun	ds were deposited into political		
none		account (See Instruct	tions)			
	GUARANTOR	Name of guarantor	<u> </u>	Amount Guaranteed (\$)		
	INFORMATION			γ and an action (ψ)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
Principal Occupation (See Instructions)		Employer (San Instructions)				
1			Employer (See Instructions)			
\vdash						
l		ATTACH ADDITIONAL CODE	ES OF THIS SCHEDULE AS NEE			
1	If le	ender is out-of-state PAC, please see ins	Struction guide for additional ro	DOITING requirements		
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	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Ms	s. Claudette R Sm:	ith			
4	TOTAL OF UN	ITEMIZED LOANS		\$ 0		
5	Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan Amount (\$)		
	04/05/2021	Claudette Smith		\$293.12		
6		8 Lender address; City; 4410 Van Kriston Dr. Amari	State; Zip Code	10 Interest rate 0 % 11 Maturity date		
	Y V					
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
			15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
L	not applicable					
20	Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
T	Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)		
	04/01/2021	Claudette Smith		\$194.76		
Γ	ls lender	Lender address; City;	State; Zip Code	Interest rate		
	a financial Institution?	4410 Van Kriston Dr. Amari	llo, TX 79121	0 %		
	Y 🗸			Maturity date		
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
r	Description of Col	ateral	Check if personal fun	ds were deposited into political		
		account (See Instruc				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	not applicable	Guarantor address; City;	State; Zip Code			
	Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
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	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	M	s. Claudette R Sm	ith			
-						
4	TOTAL OF UNITEMIZED LOANS			\$ 0		
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
	04/01/2021	Claudette Smith		\$376.68		
6	Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
	a financial Institution?	4410 Van Kriston Dr. Amari	110 TX 79121	0 %		
	Y 11/		110, 11. /3121	11 Maturity date		
<u> </u>	· •					
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
L						
14	Description of Coll	ateral	15 — Check if personal fund	ds were deposited into political		
	none		account (See Instruct			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
				•		
		18 Guarantor address; City;	State; Zip Code			
	not applicable					
20	Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
	04/01/2021	300.00	, , , , , , , , , , , , , , , , , , , ,			
<u> </u>		Claudette Smith	•••••	\$381.67		
	ls lender	Lender address; City;	State: Zip Code	Interest rate		
	a financial Institution?	4410 Van Kriston Dr. Amari	llo. TX 79121	C %		
	Y •			Maturity date		
H	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
	тинора обосран	on the time (ode manacheria)	Employer (See instructions)			
-	Danadakia a af Oak					
	Description of Col	lateral		ds were deposited into political		
L	✓ none □ account (See			ions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Comments and the same of the s					
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
F						
			IES OF THIS SCHEDULE AS NEI			
	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 15		
2	FILER NAME	_		3 Filer ID (Ethics Commission Filers)		
	Ms	s. Claudette R Sm:	ith			
	· · · · · · · · · · · · · · · · · · ·					
4	TOTAL OF UN	IITEMIZED LOANS		\$ 0		
5	Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)		
	04/18/2021	Claudette Smith		\$54.90		
6	Is lender	8 Lender address; City:	State; Zip Code	10 Interest rate		
	a financial Institution?	4410 Van Kriston Dr. Amari	•	0 %		
	Y 11/	THE TANK IN THE PARTY OF THE PA		11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	15 Check if personal fund	s were deposited into political		
	none		account (See Instructi			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
		To Cadianio addicas, Oxy,	outo, zip oode			
	not applicable					
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
Г	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
	04/16/2021	Claudette Smith		\$232.00		
	Is lender	Lender address; City:	State; Zip Code	Interest rate		
	a financial Institution?	4410 Van Kriston Dr. Amari	.llo, TX 79121	0 %		
	Y 🗸		, 	Maturity date		
F	Principal occupati	 on / Job title (See Instructions)	Employer (See Instructions)			
\vdash	Description of Col	ateral				
	none		Check if personal fun account (See Instruct	ds were deposited into political tions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupat	Lion (See Instructions)	Employer (See Instructions)			
F						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 15	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Mo	s. Claudette R Sm	ith		
	MS	s. Claudecte R Sin	101		
4	TOTAL OF UN	ITEMIZED LOANS		\$ 0	
5	Date of loan 7 Name of lender Out-of-state PAC (ID#:)			9 Loan Amount (\$)	
	04/01/2021	Claudette Smith		\$43.25	
	ls lender a financial	8 Lender address; City:	State; Zip Code	10 Interest rate	
	Institution?	4410 Van Kriston Dr. Amari	.11o, TX 79121	11 Maturity date	
	Y 🕊				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	ateral	15		
	none		Check if personal fundaccount (See Instruct	ds were deposited into political	
16		47 Name of guernator			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;	State; Zip Code		
ļ	not applicable				
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)	<u> </u>	
⊨		T		T	
	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
Ì	04/01/2021	Claudette Smith		\$987.76	
	Is lender	Lender address; City;	State; Zip Code	Interest rate	
1	a financial		·	O %	
	Institution?	4410 Van Kriston Dr. Amar	1110, TX /9121	Maturity date	
L	Y				
	Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)		
	Description of Col	lateral			
			Check if personal fur account (See Instruc	ids were deposited into political	
✓ none					
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City;				.	
			State; Zip Code		
	not applicable				
Principal Occupation (See Instructions)			Employer (See Instructions)		
		•			
=					
		ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	EDED	
	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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) Intlexpense Loan Repayment/Reimburseme

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (select a selection and listed share)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	,	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Claudette R Smith		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
04/02/2021	Constant Contact		
Amount (\$)	7 Payee address:	City;	State; Zip Code
\$103.93	1601 Trapelo Rd, Waltham, MA		
}	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense		
OF		Marketing Ser	rvices
EXPENDITURE		<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/02/2021	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$440.00	8301 W Amarillo Blvd, Amarillo,	TX 79124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Postage	
EXPENDITURE	Chock if travel outside of Texas. Complete Schedute T.	Check if Aust	tin, TX, officeholder living expanse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/03/2021	Loves Truck Stop		
Amount (\$)	Payee address:	City;	State; Zip Code
\$36.36	8615 Canyon Dr, Amarillo, TX 791	10	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	Fuel for de	liveries
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EEDED

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 20 Claudette R Smith 4 Date 5 Payee name 04/03/2021 Pizza Planet City; 6 Amount (\$) 7 Payee address: State: Zip Code \$50.24 6801 Bell S #100, Amarillo, TX 79109 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Food/Beverage Expense PURPOSE Food for Campaign Volunteers EXPENDITURE (c) 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 Payee name Date 04/03/2021 USPS Amount (\$) City: State: Zip Code Pavee address: \$440.00 8301 W Amarillo Blvd, Amarillo, TX 79124 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Postage 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 Date Payee name 04/04/2021 USPS Amount (\$) Payee address; City: State: Zip Code \$110.00 8301 W Amarillo Blvd, Amarillo, TX 79124 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Postage EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder tiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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 By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule F1: 2 FILER N/ 20 Claud 4 Date 5 Payee na	ette R	Smith		3 Filer ID (Ethics	Commission Filers)
1 Date 5 Payee na		Smith			•
1 • • • • • • • • • • • • • • • • • • •	me				
04/04/2021 USPS					
Amount (\$) 7 Payee ad	ldress:		City;	State:	Zip Code
			·	Ololo,	2.0000
\$220.00 8301 W A	Amarillo Blvd,	Amarillo, TX	X 79124		
(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE Advertis	sing Expense				
OF EXPENDITURE			Postage		
(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct Candid expenditure to benefit C/CH	late / Officeholder name	3	Office sought		Office held
Date Payee na	ame				
04/05/2021 AGE Gra	phics				
Amount (\$) Payee ad	ddress;		City;	State;	Zip Code
\$1,198.59 52231 S	tate Route 248	, Long Botto	m, OH 45743		
Categor	y (See Categories listed at the	top of this schedule)	Description		
PURPOSE Adverti	sing Expense		Signs		
OF EXPENDITURE			319.13		
	Check if travel outside of Texas	. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	date / Officeholder nam	е	Office sought		Office held
Date Payee r	name				
04/04/2021 Best Bu	ıy				
Amount (\$) Payee a	ıddress;		City;	State;	Zip Code
\$752.00 101 W V	Westgate Pkwy,	Amarillo, TX	79121		
1	y (See Categories listed at th		Description		
•	Overhead / Rem	ntal Expense	Equipment		
OF EXPENDITURE			1		
	Check if travel outside of Texa	s. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete Older is direct	idate / Officeholder na	me	Office sought		Office held
expenditure to benefit C/OH					
A	TTACH ADDITIONAL	. COPIES OF THIS	S SCHEDULE AS N	EEDED	

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 M

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·	xpense Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	-	Other fermion a category mornisted above,
		complete this form.	1
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Ms. Claudette R Smith		
4 Date	5 Payee name		
04/03/2021	Sams Club		
6 Amount (\$)	7 Payee address:	City:	State; Zip Code
\$154.00	8952 Westgate Pkwy W, Amarillo, I	IX 79124	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Office Overhead / Rental Expense		
OF	_	Supplies	
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	tin. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/02/2021	Sams Club		
Amount (\$)	Payee address;	City;	State; Zip Code
\$65.52	8952 Westgate Pkwy W, Amarillo, T	TV 7010/	
	osoz nesegate ikwy w, Amaririo, i	.X /9124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Office Overhead / Rental Expense		
OF	•	Supplies	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	1	-	
Date	Payee name		
21/22/222			
04/09/2021	Marizon's Cafe		
Amount (\$)	Payee address;		
	•	City;	State; Zip Code
\$31.70	6203 Hillside Rd, Amarillo, TX 79	109	
	I		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense	Description	
OF		Food for Com	
EXPENDITURE	I	FOOD TOT Cam	paign Volunteers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH	January Cincendido name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THE		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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 Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Is. Claudette R Smith		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/09/2021	Cefco			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$33.64	1917 BELL AND, I-40, Amarillo, TX	79106		
8	(a) Category (See Categories listed at the top of this schodule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	Fuel for del	iveries	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin. TX, officeholder living	oxpense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/09/2021	Pak A Sak			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$10.00	4200 Soncy Rd, Amarillo, TX 79119			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	Fuel for del	liveries	
	Check if travel outside of Taxas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/10/2021	Vista Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$407.10	95 Hayden Ave, Lexington, MA, 024	121-7942		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising	Material	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS AIF	:ENED	

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 Exponse Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)		
Occident ayrıcı	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
20 h	is. Claudette R Smith		_		
4 Date	5 Payee name				
04/11/2021	Rosa's Cafe				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$11.01	6007 S Soncy Rd, Amarillo, TX 791	.19			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Food/Beverage Expense				
OF		Food for Camp	paign Volunteers		
EXPENDITURE		<u> </u>			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX, officeholder fiving expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/12/2021	USPS				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$1.08	8301 W Amarillo Blvd, Amarillo,	TX 79124			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense				
OF		Postage			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
04/09/2021	USPS				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$468.00	8301 W Amarillo Blvd, Amarillo,	TX 79124			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense				
OF		Postage			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

Ciecucaoraynian	The Instruction Guide explains how to c	omplete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
20 1	s.Claudette R Smith		
Date	5 Payee name		
04/13/2021	USPS		
Amount (\$)	7 Payee address;	City;	State: Zip Code
\$504.00	8301 W Amarillo Blvd, Amarillo, T	X 79124	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	_	
OF EXPENDITURE		Postage	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/13/2021	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$330.00	8301 W Amarillo Blvd, Amarillo,	TX 79124	
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense	Postage	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/14/2021	USPS		
Amount (\$)	Payee address;	City;	State: Zip Code
\$1,152.00	8301 W Amarillo Blvd, Amarillo,	TX 79124	
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Advertising Expense	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NI	EEDED

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	s.Claudette R Smith		
4 Date	5 Payee name		
04/16/2021	USPS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$900.00	8301 W Amarillo Blvd, Amarillo,	TX 79124	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Danker I	
OF EXPENDITURE		Postage	
	(c) Check if travel outside of Texas. Complete Schedule T.	Chack if Austi	n, TX, officeholder living expense
O Complete ONE V V :			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/20/2021	Paypal		
Amount (\$)	Payee address:	City;	State; Zip Code
\$2.41	2211 North First Street, San Jos	e, CA 95131	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees	Description	
OF		Banking Fees	
EXPENDITURE			
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austr	in, 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		
04/19/2021	Cefco		
Amount (\$)	Payee address;	City;	State; Zip Code
\$80.00	1917 BELL AND, I-40, Amarillo, T	X 79106	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment * Related Expense	Fuel for del	iveries
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEI	EDED

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
Credit Card Payment

Evont Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Amount (\$) Payee address: 1015 S Fillmore St, Amarillo, TX 7910 (a) Category (See Categories listed at the top of this schedulo) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name One of this schedulo of Texas. Complete Schedule T. Candidate / Officeholder name	City;	State;	
Date 04/16/2021 KAMR Local 4 News 7 Payee address: \$10,667.00 1015 S Fillmore St, Amarillo, TX 7910 (a) Category (See Categories listed at the top of this schedulo) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 04/17/2021 USPS Amount (\$) Payee address:	Description evision ads Check if Austin, TX.		expense
Amount (\$) PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedulo) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Out/17/2021 Payee address: KAMR Local 4 News RAMR Local 4 News RAMC Local 4 News	Description evision ads Check if Austin, TX.		expense
Amount (\$) 7 Payee address: 1015 S Fillmore St, Amarillo, TX 7910 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name 04/17/2021 USPS Amount (\$) Payee address:	Description evision ads Check if Austin, TX.		expense
\$10,667.00 1015 S Fillmore St, Amarillo, TX 7910 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Tel (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name 04/17/2021 USPS Amount (\$) Payee address:	Description evision ads Check if Austin, TX.		expense
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Tel (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Output Date Payee name 04/17/2021 USPS Amount (\$) Payee address;	Description evision ads Check if Austin, TX.	officeholder tiving	
PURPOSE OF EXPENDITURE Advertising Expense Tel (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Officeholder name Date Payee name 04/17/2021 USPS Amount (\$) Payee address;	evision ads Check if Austin, TX.	afficeholder living	
OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name O4/17/2021 USPS Amount (\$) Payee address;	Check if Austin, TX.	officeholder tiving	
(c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date Payee name 04/17/2021 USPS Amount (\$) Payee address;	Check if Austin, TX.	officeholder living	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/17/2021 USPS Amount (\$) Payee address;	_	officeholder living	
expenditure to benefit C/OH Date Payee name 04/17/2021 USPS Amount (\$) Payee address;	ffice sought		
04/17/2021 USPS Amount (\$) Payee address;			Office held
Amount (\$) Payee address;			
\$275.00 8301 W Amarillo Blvd, Amarillo, TX 79	City;	State;	Zip Code
	124		
Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE Advertising Expense Po.	stage		
EXPENDITURE			
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living	
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought		Office held
Date Payee name			
04/18/2021 Pak A Sak			
Amount (\$) Payee address;	City:	State;	Zip Code
\$38.03 4200 Soncy Rd, Amarillo, TX 79119			
Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE Transportation Equipment & Fu	el for deliv	eries	
Check if travel outside of Toxas. Complete Schodule T.	Check if Austin, T	X, afficeholder livir	ng expense
Complete ONLY If direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCH	Omco sough		

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa	ages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
20 N	is. Claudette R Smith			
4 Date	5 Payee name			
04/17/2021	United Supermarkets			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$330.00	5601 E Amarillo Blvd W, Amarillo,	TX 79106		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense			
OF EXPENDITURE		Postage		
EXPENDITORE		<u> </u>		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/17/2021	United Supermarkets			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$825.00	1501 E Amarillo Blvd E, Amarillo,	TX 79107		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense			
OF EXPENDITURE		Postage		
Di LIDITORE				
· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name		The second secon	
04/18/2021	United Supermarkets			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$550.00	5807 SW 45th Ave #100, Amarillo,		Zip Gode	
4555.55	300, 3W 43th Ave #100, Amailie,	17 /9109		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense			
OF EXPENDITURE		Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	Н			
	ATTAQUADBITICALA CONTROCTOR			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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
Credt Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

·	The Instruction Guide explains how to co	omplete this form.		
Total pages Schedule F1:	(3 Filer ID (Ethics	Commission Filers)
	is. Claudette R Smith			
Date 4/19/2021	5 Payee name			
	United Supermarkets			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
715.00	5807 SW 45th Ave #100, Amarillo,	TX 79109		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Postage		
EXI ENDITORE	(c) Check if travel outside of Texas. Complete Schedulo T.	Check if Austi	in, 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			
04/15/2021	Office Max			
Amount (\$)	Payee address:	City;	State;	Zip Code
6652.17	2912 Soncy Rd, Amarillo, TX 79124	ŀ		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Office Overhead / Rental Expense	0		
OF EXPENDITURE	·	Supplies		
	Check if travel outside of Texas. Complete Schedula T.	Check if Aust	lin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/19/2021	El Mensajero Newspaper			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00	2430 SW 8th Ave, Amarillo, TX 79	106		
	Category (See Categories listed at the top of this schedule)	Description	······································	
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political	al Committee Legal Services Salaries/W	/ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
20 h	s. Claudette R Smith		
4 Date	5 Payee name		
04/16/2021	Brandt Fricker		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$500.00	3438 Tripp Avenue, Amarillo, Texa	is 79121	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE		Media	
EXPENDITURE			
	(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/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/13/2021	Alpha Media		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,000.00	3505 Olsen Blvd #117, Amarillo, T	rx 79109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE		Advertisemen	t
CAPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
24/04/0001			
04/21/2021	Amazon		
Amount (\$)	Payee address:	City;	State; Zip Code
\$239.73	440 Terry Avenue North Seattle, W	NA 98109 USA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Office Overhead / Rental Expense		
OF EXPENDITURE		Printing sup	plies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
expenditure to beliefit C/O	•		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEI	EDED
	WINDSHIPPHINAT COLIES OF 1419	COUEDOFE WO NE	-050

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Gift/Awa Candidate/Officeholder/Political Committee Legal Se Credit Card Payment		Food/Beverage Expension Gift/Awards/Memorials Legal Services	ds/Memorials Expense Printing Expense		Travel In District Travel Out Of District Other (enter a category not listed above)		
Total pages Schedule F1:	3 511 50 11		uide expiain	is now to co	implete this form.	2 Files ID (5%)	- Commission Files
	is. Claud		R Smit	h		3 Filer ID (Ethic	s Commission Filers)
Date	5 Payee na	ıme					
04/21/2021	Amazon						
Amount (\$)	7 Payee a	dress;			City;	State;	Zip Code
\$26.45	440 Ter	ry Avenue No	rth Seat	ttle, W	A 98109 USA		
}	(a) Categor	y (See Categories listed	at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office	Overhead / R	ental Ex	xpense	Printing sup	plies	
EXPENDITORE	(c)	Check if travel outside of Te	exas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g exponse
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder n	ame		Office sought		Office held
Date	Payee na	ame					
04/21/2021	Amazon						
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
\$47.43	440 Ter	ry Avenue No	rth Sea	ttle, W	A 98109 USA		
	Categor	y (See Categories listed a	at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Office	Overhead / R	ental E	xpense	Printing sup	pplies	
		Check if travel outside of T	exas. Complete t	Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder n	ame		Office sought		Office held
Date	Payeer	name					
04/19/2021	Amazon						
Amount (\$)	Payee a	address;			City;	State;	Zip Code
\$204.76	440 Te	ery Avenue No	orth Sea	attle, W	A 98109 USA		
	Catego	y (See Categories listed	at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Office	Overhead / I	Rental E	Expense	Toner		
		Check if travel outside of	Toxas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/C		idate / Officeholder	name		Office sought		Office held
	A	TTACH ADDITION	IAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

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 Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to co	ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
20 r	s. Claudette R Smith		i
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	
04/19/2021	Amazon		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$124.45	440 Terry Avenue North Seattle, W	A 98109 USA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Office Overhead / Rental Expense		
OF EXPENDITURE		Print suppli	es
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/19/2021	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$641.70	440 Terry Avenue North Seattle, W	MA 98109 USA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Office Overhead / Rental Expense		
OF EXPENDITURE		Printing sup	pplies
	Check if travel outside of Toxes. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/13/2021	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$167.84	440 Terry Avenue North Seattle, W	NA 98109 USA	
	Category (See Categories listed at the top of this schedulo)	Description	
PURPOSE	Office Overhead / Rental Expense		
OF EXPENDITURE		Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

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 Expenso Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	is.Claudette R Smith			
4 Date	5 Payee name			
04/13/2021	Amazon	0"		7:- 0-4-
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
\$23.76	440 Terry Avenue North Seattle, W.	A 98109 USA		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Printer Ink		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/13/2021	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$315.84	440 Terry Avenue North Seattle, W	A 98109 USA		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Supplies		
	Chock if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living) expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/05/2021	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$293.12	440 Terry Avenue North Seattle, V	NA 98109 USA		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Supplie	es	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin. TX, afficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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
Credt Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wases/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a extension not listed shows)

Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor	Other (enter a category not listed above)
• •	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	s. Claudette R Smith		
4 Date	5 Payee name		
04/01/2021	Amazon		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$194.76	440 Terry Avenue North Seattle, WA	A 98109 USA	
8	(a) Category (See Categories listed at the top of this schodulo)	(b) Description	
PURPOSE	Office Overhead / Rental Expense		
OF		Supplies	
EXPENDITURE	ļ	L	
 	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
04/01/2021	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$376.68	440 Terry Avenue North Scattle, W.	A 98109 USA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Sian Faut	nt
OF EXPENDITURE		Sign Equipme:	
	Check if travel outside of Toxas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	PH .		
Date	Payee name		
04/01/2021	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$381.67	440 Terry Avenue North Seattle, W	NA 98109 USA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Office Equip	ment
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
l	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEL	5DED

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
Credit Card Payment

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

The Instruction Guide explains how to complete this form.

Total pages Schedule F1: 20	2 FILER NAME As. Claudette R Smith		3 Filer ID (Ethic	s Commission Filers)
Date	5 Payee name			
04/15/2021	Cefco			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$80.00	3400 Coulter St, Amarillo, TX 791	21		
3	(a) Calegory (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	Fuel for del	iveries	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
 Complete ONLY if direct expenditure to benefit C/Ol 	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/20/2021	Cefco			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$78.00	3400 Coulter St, Amarillo, TX 791	21		
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE Transportation Equipment & Fuel for delegated Expense			iveries	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livir	ig expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/10/2021	Office Max			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$301.67	2912 Soncy Rd, Amarillo, TX 79124	1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense

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
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Solkitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wi	pense ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	s. Claudette R Smith		C THE TE (Ellies Commission Thera)
4 Date	5 Payee name		
04/13/2021	Office Max		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$295.87	2912 Soncy Rd, Amarillo, TX 79124		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Office Overhead / Rental Expense		
OF EXPENDITURE		Supplies	
	(c) Check if travel outside of Texas. Completo Schedule T.	Check if Austi	n. TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Omoo sought	Office field
Date	Payee name		
04/18/2021	Tractor Supply		
Amount (\$)	Payee address;	City;	State; Zip Code
\$54.90	8511 Canyon Dr Amarillo, Tx 79110		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE		Sign posts	
	Check if travel outside of Texas. Complete Schedule 1.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	ન		
Date	Payee name		
04/19/2021	KFDA-TV 10		
Amount (\$)	Payee address;	City;	State; Zip Code
\$10,500.00	7900 Broadway Amarillo, TX 79	105	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE		Airtime	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Ħ		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED
L			

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic	, and the second	pense ages/Contract Labor	Other (enter a categ	
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
20	ds. Claudette R Smith			
Date	5 Payee name		•	
04/16/2021	Office Depot			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$232.00	2622 Wolflin Ave, Amarillo, TX 79	109		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Office Overhead / Rental Expense			
OF EXPENDITURE		Office Suppl	ies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder livin	g expenso
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		·	
04/01/2021	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$43.25	440 Terry Avenue North Seattle, W	A 98109 USA		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought		Office held
Date	Payee name			
04/01/2021	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$987.76	2622 Wolflin Ave, Amarillo, TX 79	0109		
	Category (See Categories listed at the top of this schedule)	Description	·	······································
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Equipment a	nd paper	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gif/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) 20 Ms. Claudette R Smith 4 Date 5 Payee name 04/11/2021 Cefco 6 Amount (\$) 7 Payee address; City: State: Zip Code \$59.00 3400 Coulter St, Amarillo, TX 79121 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Transportation Equipment & PURPOSE Related Expense Fuel for Sign Deliveries OF **EXPENDITURE** (c) 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 Payee name 04/19/2021 Cefco Amount (\$) City; State: Zip Code Pavee address: \$80.00 3400 Coulter St, Amarillo, TX 79121 Category (See Categories listed at the top of this schedule) Description Transportation Equipment & PURPOSE Fuel for Sign Deliveries OF Related Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/21/2021 Beck Stanley Amount (\$) Payee address; City: State: Zip Code \$350.00 8725 Christopher Paul Dr, Mechanicsville, VA 23111 Category (See Categories listed at the top of this schedule) Description Consulting Expense PURPOSE Consulting OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name

expenditure to benefit C/OH