		CEHOLDER E REPORT				FORM C/OH SHEET PG 1
The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethic	s Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Ms.	FIRST Claudette		R R		E USE ONLY
NAME	NICKNAME	Smith	•••••	SUFFIX	Date Received	CEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	7306 SW 34	th Ave, Ste 1 PMI	B 238	79121		PR 28 2023
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 680-2798	EXTE	NSION	Date H. C. Hilling	SECRETARY OF AMARILL
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS,	FIRST Lucy		MI	Receipt #	Amount \$
	NICKNAME	Lopez		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence of Business)		re Dame Dr.		marillo	TX	79109
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	рноме NUMBER 658-4723	EXTE	NSION		
9 REPORT TYPE	January 15	30th day before	electron	Runoff	treasurer	after campaign r appointment litter Only)
	July 15	8th day before el		Exceeded Modified Reporting Limit	Final Rep	port (Attach C/OH - FR)
10 PERIOD COVERED	Month 03	28 /2023	THROUGH	04 .	26 /20	023
11 ELECTION	Month Day	Year Primary	_	Other Description		
12 OFFICE	OFFICE HELD (if any)			CE SOUGHT (If know		
14 NOTICE FROM POLITICAL	THE CANDIDATE / DEFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MA	DE WITHOUT THE CAN	IDIDATE'S OR OFFICER	IOLDER'S KNOWLEDGE OR
COMMITTEE(S) Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME N/A COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN TO	REASURER ADDRES	s		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filet ID (Ethics Commission Filets) Claudette R. Smith 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS LOTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALL ? S 0 TOTALS TOTAL POLITICAL CONTRIBUTIONS \$ \$4898.00 OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 50 TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS TOTAL POLITICAL EXPENDITURES 4. s \$9491.79 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$1906.21 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD S8500.00 LOAN TOTALS I swear, or allim, under penalty of penury, that the accumpanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code aulite JOHNPMEGANIGE Citier option below: Notary Public, State of Texas Notary ID #12865543-6 My Commission Expires 09-20-2025 (1) Affidavit NOTARY STAMP/SEAL Claudette Smith ins the 28 day of April

My address is

(2) Unsworn Declaration

(city)

, and my date of birth is

Executed in

My name is

County, State of

Signature of Candidate/Officeholder (Declarant)

(state) (zip code) (country)

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 18 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS s 4898.00 2, SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3, S SCHEDULE B: PLEDGED CONTRIBUTIONS 4. X SCHEDULE E: LOANS s 3500.00 5. \$9491.79 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT-CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 12.

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME Claudette	R, Smith				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Dul-of-state PAC	{ID#:		7 Amount of contribution (\$)
03/28/2023	Emilio Chavez				\$100.00
00/20/2020	6 Contributor address;	City;	State;	Zip Code	\$100.00
	820 NE 6th	Dumas	TX	79029	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC	(ID#)	Amount of contribution (\$)
0?/??/2023	Rory Schepisi				\$500.00
	Contributor address;	City;	State;	Zip Code	Ψ550.00
	7669 Hillside Rd	Amarillo	TX	79119	
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruc	itions)
Date	Full name of contributor	oul-of-state PAC	(ID#)	Amount of contribution (\$)
	Kirit & Nisha Bhakta				\$101.00
04/26/2023	Contributor address;	City;	State;	Zip Code	\$101.00
	2701 Blue Mesa	Bushlan	d TX	79124	
Principal occup	pation / Job title (See Instructions)	n	Emp	loyer (See Instruc	otions)
Date	Full name of contributor	Out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/25/2023	Mitesh & Viral Patel				\$501.00
04/25/2025	Contributor address:	City;	State;	Zip Code	4501.00
	10824 Miami Ave	Lubboc	k TX	79423	
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)
	ATTACH ADDIT	IONAL COPIES (OF THIS S	SCHEDULE AS I	NEEDED reporting requirements.

SCHEDULE A1

The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Claudette	R. Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(10#)	7 Amount of contribution (\$)
04/26/2023	Rameshbhai & Kusum Patel 6 Contributor address; City:	State; Zip Code	\$100.00
	500 N. Circle Dr Borger	TX 79007	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
04/26/2023	Arvind & Hansa Patel		\$101.00
	Contributor address; City;	State; Zip Code	
	400 Beech St Borger	TX 79007	
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	ctions)
Date 04/26/2023	Full name of contributor	c (IDe))	Amount of contribution (\$).
	Contributor address; City;	State; Zip Code	1 100.00
:	820 NE 6th Dumas	TX 79029	
Principal occu	nation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
04/24/2023	Chesney's Whiskey Saloon Contributor address; City;	State; Zlp Code	\$1500.00
	715 S. Polk Amarillo	TX 79101	
Principal occu	j pation / Job title (See Instructions)	Employer (See Instru	ictions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instr		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Claudette R. Smith 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ☐ gul-of-state PAC (ID#: Intentionally left blank 6 Contributor address; City: State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Date Amount of contribution (5) Paul & Mary Clay 04/25/2023 \$500.00 State: Zip Code Contributor address: City: 4703 Van Winkle Dr Amarillo TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (104: Date Amount of contribution (\$) Angelo Pena \$100.00 04/03/2023 Contributor address; City: State; Zip Code 2713 Steve's Way 79109 Amarillo TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: **Barrett Carter** 03/30/2023 \$200.00 Contributor address: State: Zip Code City: 4522 Shawnee Amarillo TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Forms provided by Texas Ethics Commission

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 8/17/2020

SCHEDULE A1

The I	nstruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1:
FILER NAME Claudette	R. Smith				3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2023	5 Full name of contributor James Wright	Out-of-state PAC			7 Amount of contribution (\$)
	6 Contributor address: 110 Sunset Terrace	cty: Amarillo	State; TX	79106	\$25.00
B Principal occur	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor Barrett Carter	Out-of-state PAC	(ID#:		Amount of contribution (\$)
04/04/2023	Contributor address;	City:	State;		\$900.00
Principal occup	4522 Shawnee	Amarillo	TX 79	9109 oyer (See Instruc	dions)
Date	Full name of contributor	Out-of-state PAG	(ID#:		Amount of contribution (\$)
04/05/2023	Laura Trevizo Contributor address;	City;	State;	Zip Code	\$50.00
	4209 S E 30th Ave	Amarillo	TX	79103	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instru	ctions)
Dale	Full name of contributor	Out-of-state PA	C (ID#:		Amount of contribution (\$)
04/12/2023	Jeremy Nolan Contributor address;	City;		Zip Code	\$50,00
Principal occup	3512 Carlton pation / Job title (See Instructions) Dr	Amarillo	TX	79109 loyer (See Instru	ctions)
1	ATTACH ADDIT				

SCHEDULE A1

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

ii tiis reques	ied information is not applicable, 55 451 me	idde inio page in die i	opor.
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Claudette	R. Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(ID#:	7 Amount of contribution (\$)
04/15/2023	6 Contributor address; City: 1309 Clyde St Amarillo	State; Zip Code TX 79106	\$50.00
8 Principal occur	nation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(tD4;)	Amount of contribution (\$)
04/24/2023	Contributor address; City;	State; Zip Code	\$20.00
	7606 Cervin Dr Amarillo	TX 79121	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PAC	(201:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor 🔲 out-of-state PAC	(ID4:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions) Dr	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instru		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Claudette R. Smith 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender Out-of-state PAC (ID# 9 Loan Amount (\$) 3/30/2023 Claudette R. Smith \$3500.00 6 is tender 10 Interest rate 8 Lender address: City: State; Zip Code a financial Institution? 11 Maturity date 7606 Cervin Dr Amarillo TX 79121 Y N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) **Business Owner** Self 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) □ none 16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) 18 Guarantor address; City: State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender Out-of-state PAC (ID#: Interest rate State: Zip Code is lender Lender address: City: a linancial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) ☐ none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

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Revised 8/17/2020

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 Expenses Contitutions/Donations Made By Cendidate/Officeholder/Potitical Commu

Event Expense Loan Repaymanian Configuration Configuration

Lean 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 #bove)

·	the instruction dune explains now to c	ompiete this form.		
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/31/2023	5 Payce name Political Design LLC			
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code
\$68,53	8 Eliezer Kaplan St Tel Aviv 6473	34091 Israel		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic E	Design	
	(c) Check'if travel outside of Toxas, Complete Schedule T.	Check if Aust	im, TX, officeholder liven	g expense
Complete ONLY If direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/19/2023	Political Design LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$98.00	8 Eliezer Kaplan St Tel Aviv 64	734091 Israel	I	
	Category (See Galegories listed at the top of this schedule)	Description	······································	
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic [Design	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/30/2023	Pak A Sak #9			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$46.53	6001 Coulter St. S Amarillo	TX 79119		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment and Related Expense	Fuel for Sig	gn Deliveries	
	Check of travel outside of Texas. Complete Schools T.	Check of Aust	in, TX, oliceholder livin	3 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

ii die requested iiik	Jittiation 13	Tibt applicable, 50 ito:		panga	<u> </u>		
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expanse Accounting/Banking Constating Expanse Constating Expanse Constating Expansions Made By Candidate/Officeholder/Postica Credit Card Payment	y I Committee	Eveni Exponso Fees Food/Beverage Expenso Git/Awards/Momorials Exponse Logal Services The Instruction Guide explai	Office Overt Polling Expe Printing Exp Salarios/Wa	onso iges/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:		AME ette R. Smith			3 Filer ID (Ethic	s Commission Filers)	
4 Date 04/21/2023	5 Payeens Stannp						
6 Amount (\$)	7 Payee a	ddress:		City:	State;	Zip Code	
\$166.32	1000	1000 N West St. Suite 1200 #1939 Wilmington DE 19801					
8	(a) Calego	ry (See Categories listed at the top of th	is schedulo)	(b) Description			
PURPOSE OF EXPENDITURE	Other	•		Advertising			
	(c)	Chock if travel outside of Toras. Complete	Schedule T.	Check if Austi	n, TX, officeholder ävin	g expenso	
9 Complete ONLY If direct expenditure to benefit C/Oi		date / Officeholder name		Office sought		Office held	
Date	Раусел	ame					
04/03/2023	Office	Max					
Amount (\$)	Payee a	ddress:		City;	Slate;	Zip Code	
\$100.00	2912 8	Soncy Rd Amarillo, Te	exas 791	24			
	Categor	y (See Calagories listed at the top of thi	s schedulo)	Description			
PURPOSE OF EXPENDITURE	Other			Office Supp	lies		
ļ		Check If travel outside of Taxas. Complete	Schedule T.	Check if Aust	in, TX. olliceholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder name		Office sought		Office held	
Date	Payee r	ame	· · · · · ·				
04/19/2023	Pak	: A Sak #9					
Amount (\$)	Payee a	ddress:		City;	State:	Zip Code	
\$43.77	600	11 Coulter St. S	Amarillo	TX 79119			
		y (See Categories listed at the top of this		Description			
PURPOSE OF EXPENDITURE		portation Equipment d Expense	t and	Fuel for Sig	n Deliveries		
		Check if travel outside of Toxas, Complete	Schedule T,	Check if Austi	in. TX, afficeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	-	date / Officeholder name		Office sought		Office held	
	ΑT	TACH ADDITIONAL COPIE	S OF THIS	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 Exponse
Accounting/Banking
Consuming Exponse
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Foce
Food/Beverage Expense
Gitt/Awards/Memorials Expense
Logal Services

Lean Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarios/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not (stod above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to e	omplete this farm.	Outer (entor a catego	ny (longiton accord)
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/04/2023	Send in Blue			
6 Amount (\$)	7 Payee address:	City:	State;	Zip Code
\$368,92	1402 3rd Ave #301 ; Sofia, Sofia (City Province. E	Bulgaria	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Advertising	g Expense	
	(c) Check if travel outside of Toxas, Complete Schedule T.	Check if Aus	lin. TX, officabolder #vin	; expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/12/2023	Send in Blue			
Amount (\$)	Payee address;	City:	State:	Zip Code
\$86.00	1402 3rd Ave #301 ; Sofia, Sofia Ci	ity Province. Bu	ulgaria	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Advertisi	ng Expense	
	Chock if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder living	axpensa
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
004/26/2023	Send in Blue			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$368.92	1402 3rd Ave #301 ; Sofia, Sofia C	City Province. E	Bulgaria	
	Calegory (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Advertisin	g Expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	Im. TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Ol	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
Contrologons/Donations Made By
Candidate/Officeholder/Political Committee
Contrologons/Donations

Event Expense Focs Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Lean 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
Other (expenses not listed showt)

Candidate/Officeholder/Political Credit Card Payment	· ·		Vages/Contract Labor	Other (enter a catego	xy not listed above)
Crown Card Paymers	The Instru	ection Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Si	mith		3 Filer ID (Ethics	s Commission Filers)
4 Date 04/06/2023	5 Payee name Vista Print				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
\$286.34	275 Wyman S	St. Waltham, MA (02451		
8	(a) Category (See Categor	ries listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising E	Expense		Printed M	aterials
	(c) Check if travel or	outside of Texas, Complete Schedule T.	Check if Aust	ián, TX, officehokier living	g expense
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeh	nolder name	Office sought		Office held
Date	Payee name				
04/06/2023	Vista Prin\$201.	.88 Vista Prin	ntt		
Amount (\$)	Payee address:		City;	State;	Zip Code
\$201.88	275 Wyman &	St. Waltham, MA	J2451		
	Category (See Categori	ons listed at the lop of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Ex	kpense	Printed Ma	aterials	
<u> </u>	Check If travel o	outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, olficeholder livin	g expanse
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officer	nolder name	Office sought		Office held
Date	Payée name				
04/10/2023	Vista Print				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$268.56	275 Wyman	St. Waltham, MA	02451		
	Category (See Categori	ics listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Ex	xpense	Printed Ma	aterial	
}	Check if travel o	outside of Texas, Complete Schedule T.	Chack if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office	holder name	Office sought	•••	Office held
	ATTACH ADD	ITIONAL CODIES OF THIS	I SCHEDIN E V6 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 Expenses Contributions/Donations Made By Candidate/Officeholder/Political Committee Soficitation/Fundraising Exponse Transportation Equipment & Related Expense Travel in District Travel Out Of District Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Facd/Beverage Expense Git/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 Claudette R. Smith 3 Filer ID (Ethics Commission Filers) 5 Payee name 04/24/2023 Pak A Sak #9 City: State: Zip Code 6 Amount (\$) 7 Payee address; \$46.00 56001 Coulter St. S Amarillo TX 79119 (b) Description 8 PURPOSE Transportation Equipment and Fuel for Sign Deliveries OF EXPENDITURE Related Expense Check if travel outside of Texas, Complete Schedule T. Check of Austin, TX, officeholder living expense Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/21/2023 Textedly Amount (\$) Payee address; City; State: Zip Code 819 Arapaho Rd \$296.00 Richardson TX 75080 Category (See Categories listed at the top of this schedule) Description PURPOSE Media Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, afficeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Office sought Payee name Textedly 04/13/2023 Amount (\$) Payee address: City: State: Zip Code \$146.00 75080 Richardson TX 819 Arapaho Rd Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Media OF EXPENDITURE Check if travel outside of Texas. Complete Schedulo T. Check if Austin. TX, officeholder fiving expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought 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 Expanse
Accounting/Barking
Consulting Expanse
Constructions/Donaltons Made By
Candidate/Officeholder/Political Committee

Event Expanso Fees Food/Boverage Expense Gitt/Awards/Momorials Expanse Legal Services Lean Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expenso Transportation Equipment & Related Expenso 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 Claudette R. Smith		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/30/2023	5 Payee name Anedot			
6 Amount (\$)	7 Payce address;	City;	State;	Zip Code
\$8.30	1340 Poychas Ste Ste 1770	New Orlean	ns LA	70032
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Bank Fees	Bank Fees		
	(C) Check if travel outside of Taxas. Complete Schedule T.	Chock if Austin.	TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/02/2023	Anedot			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$1.30	1340 Poychas Ste Ste 1770 New Or	leans LA 70032		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Bank Fees	Bank Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder tive	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/04/2023	Anedot			
Amount (\$)	Payee address;	City:	State:	Zip Code
\$36.30	1340 Poychas Ste Ste 1770 N	lew Orleans LA	70032	
	Category (See Categories listed at the top of this schedule)	Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Bank Fees	Bank Fee	S	
	Check if travel outside of Texas. Complete Schedulo T.	Check of Austin	TX, oRiceholder live	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Learning
Fees Over
Fees Pooling Expense Poling Expense Printing Expense Legal Services Salates V

Lean Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos/Contract Labor

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

	The Instruction Guide explains how to c	ompiete uns torm.		
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/05/2023	5 Payeename Anedot			
6 Amount (\$)	7 Payee address;	Cily;	State:	Zip Code
\$2.30	1340 Poychas Ste Ste 1770	New Orlea	ns LA	70032
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Bank Fees	Bank Fees		
	(c) Chack if travel outside of Taxas. Complete Schedule T.	Check if Austin.	. TX, officeholder livit	g expanse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Рауев патте			
04/12/2023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code.
\$2,30	1340 Poychas Ste Ste 1770 New O	rleans LA 70032		
	Category (See Categories listed at the lop of this schedule)	Description		
PURPOSE OF EXPENDITURE	Bank Fees	Bank Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder live	ag expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/15/2023	Anedot			
Amount (\$)	Payee address;	City:	State;	Zip Code
\$2.30	1340 Poychas Ste Ste 1770	New Orleans LA	70032	
	Category (See Categories listed at the top of this schedule)	Description	''	
PURPOSE OF EXPENDITURE	Bank Fees	Bank Fee	S	
	Check if travel outside of Texas. Complete School T.	Chock if Austin	. TX, officeholder live	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
	······································			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Exponse
Accounting/Banking
Consulting Exponse
Contiguations/Donations Made By
Candidate/Officeholder/Political Committee

Event Exponso Foes Food/Boverage Exponso Git/Awards/Momorials Exponse Legal Services

Candidate / Officeholder name

Lean Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expenso 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 complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Claudette R. Smith 4 Date 5 Payee name 04/24/2023 Anedot State; Zip Code City; 6 Amount (\$) 7 Payee address: **New Orleans** LA 70032 \$1.30 1340 Poychas Ste Ste 1770 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE **Bank Fees Bank Fees** OF EXPENDITURE Check if Austin, TX, officeholder living expense Chock if travel outside of Texas. Complete Schedule T. (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/24/2023 Anedot Amount (\$) Payee address; City: State: Zip Code 1340 Poychas Ste Ste 1770 New Orleans LA 70032 \$20,30 Category (See Categories listed at the top of this schedule) Description PURPOSE Bank Fees **Bank Fees** OF EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check # Austin, TX, officeholder living expense

Date	Payee name			
04/26/2023	Textedly			
Amount (\$)	Payee address;	City:	State;	Zip Code
\$1000.00	819 Arapaho Rd Richardson TX	75080		
	Category (See Categories listed at the top of this schedule)	Description		_
PURPOSE OF EXPENDITURE	Advertising Expense	Media		
	Check il travel outside of Texas, Complete Schoolulo T.	Check of Austin, T	X, ollicchölder livir	ig expense
Complete ONLY if direct expenditure to bonefit C/C	Candidate / Officeholder name	Office sought		Office held

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Office held

SCHEDULE F1

if the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expenso Transportation Equipment & Related Expenso Travel in District Travel Out Of District Evont Expenso Focs Food/Boverago Expenso GIT/Awards/Momoniats Expenso Legal Services Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment/Reimbursoment Office Overhead/Rental Exponso Polling Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Claudette R. Smith 5 Payee name 4 Date 04/01/2023 Cefco City; Zip Code 7 Payee address; 6 Amount (\$) \$43.87 13400 Coulter St, Amarillo, TX 79121 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Transportation Equipment and Fuel for Sign Deliveries EXPENDITURE Related Expense Check if travel outside of Texas. Complete Schedule T. Check d Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY If direct expenditure to benefit C/OH Pavee name 04/14/2023 Cefco City: State; Zip Code Amount (\$) Payee address: 3400 Coulter St, Amarillo, TX 79121 \$39,97 Category (See Categorins listed at the top of this schedule) Description PURPOSE Fuel for Sign Deliveries Transportation Equipment and OF EXPENDITURE Related Expense Check # Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Pavee name 04/10/2023 Cefco Amount (\$) Payee address; City; State: Zip Code \$42.00 3400 Coulter St, Amarillo, TX 79121 Calegory (See Calegories insted at the top of this schedule) Description PURPOSE Transportation Equipment Fuel for Sign Deliveries OF EXPENDITURE and Related Expense Check d travel outside of Texas. Complete Schedule T. Chack if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Exponse AccountingBanking Consulting Exponse Contributions/Donations Made By Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense GRVAwards/Memorials Expense Polling Exponso Printing Exponso Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee 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 Claudette R. Smith 4 Dale 5 Payee name Cefco 03/29/2023 City; Zip Code State: 6 Amount (\$) 7 Payee address: \$46.67 13400 Coulter St, Amarillo, TX 79121 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Transportation Equipment Fuel for Sign Deliveries and Related Expense Chock if travel outside of Texas, Complete Schedule T. Check & Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH Payee name Date 04/06/2023 Murphys Amount (\$) Payee address: City: State; Zip Code 4800 Coulter St S, Amarillo, TX 79119 \$44.21 Category (See Categories listed at the top of this schedule) Description PURPOSE Transportation Equipment and Fuel for Sign Deliveries OF EXPENDITURE Related Expense Check If gravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder tiving expense Complete <u>QNLY</u> if direct expenditure to benefit C/QH Candidate / Officeholder name Office sought Office held Payee name 04/27/2023 Murphys Amount (\$) Payee address; City; State: Zip Code \$46.98 4800 Coulter St S, Amarillo, TX 79119 Category (See Categories listed at the top of this schedule) Description PURPOSE Transportation Equipment Fuel for Sign Deliveries OF EXPENDITURE and Related Expense Check il travel outside of Texas. Complete Schoolulo T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held