		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Ms.	FIRST Claudette	MI R	Date Received
	NICKNAME	Smith	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	7306 SW 3	4th Ave, Ste 1 PME	STATE: ZIP CODE 3 238 TX 79121	City Secretary
5 CANDIDATE/ OFFICEHOLDER PHONE	( 806 )	PHONE NUMBER 680-2798	EXTENSION	Date Hand-debutied of Colo Posimilkon
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS,	FIRST Lucy	MI	Receipt # Amount \$
TV NVL	NICKNAME	Lopez	SUFFIX	Dale Imaged
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE), APT / SI Te Dame Dr.	oity Amarillo	STATE ZIP CODE TX 79109
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(972 )	PHONE NUMBER 658-4723	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	X 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month 04	29 2023	THROUGH 06	Day Year 16 / 2023
11 ELECTION	Month Day	Your Primary	Runolf Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known City Council F	
14 NOTICE FROM POLITICAL	I THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT NDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	N/A		
Additional Pages	GENERAL	COMMITTEE CAMBAIGN TOS	ACUBED VALLE	
	SPECIFIC	COMMITTEE CAMPAIGN TRE		
		and the second		
		GO TO	FAGE &	

	re / officeholder N FINANCE REPORT	C	FORM C/OH OVER SHEET PG 2
Claudette R.	Smith	16 File	The definest Court sistor Farm
7 CONTRIBUTION TOTALS	1 TOTAL UNITAMIED POLITICAL CONTRIBUTIONS (OF PLEDGES LOADS OR GUARANTELT) OF CONTRIBUTIONS (AUG. ELECTROMICALT).	IPER THAN	s
	2. TOTAL POLITICAL CONTRIBUTIONS TOTHER DIAM PURDAGE LOARS OF GUARANTEES C	4 ( ) (19)	\$ 19050.00
EXPENDITURE FOTALS	TOTAL UMITEMIZED POLITICAL EXPENDITURE		<sub>\$</sub> 0
	4. TOTAL POLITICAL EXPENDITURES		§ 41992.45
CONTRIBUTION BALANCE	5. FOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS C OF REPORTING PERIOD	OF THE LAST DAY	§ 56.54
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL ABOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	DAUS AS OF THE	s 29485.81
(1) Affidavit		Notary Pul Notary II	MEGAN GLICK blic, State of Texas 0 #12865543-6 n Expires 09-20-2025
NOTARY STAMP/SEA	nt Claudite SM	ith lu	th Schretary
immetale of others summers	Printed name of officer administering onth  OR	**************************************	of afficer administering and
?) Unsworn Declarat	ion		
	,		
	and my date	e of both is	
			[zip code] [country]
ly address is	, and my date	(state)	(year)

# **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

SCHEDULE SUBTOTALS	SUBTOTAL
NAME OF SCHEDULE	AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5 19050.00
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE E: LOANS	s \$29,485.8
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 41992.45
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$ snc
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	\$ \$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR	NED \$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME R, Smith Claudette 4 Date 7 Amount of contribution (\$) 5 Full name of contributor Out-of-sinte PAC (ID#\_ Kuldip Banwait 6 Contributor address; City; State: 7% 0-1 05/01/2023 \$500.00 6106 Purple Sage Cir Amarillo TX 79124 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#\_ Date Amount of contribution (\$) Devika Rawal & Paresh Rawal 05/02/2023 \$200.00 State; Zip Code Contributor address; 6802 Tatum Cir Amarillo TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Out-of-state PAC (ID# Amount of contribution (\$) Srini & Shanthi Reddy \$500.00 05/02/2023 Contributor address; State; Zip Code Amarillo TX 79124 5 Valhalla LN Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#\_ Shawn Tucker 05/082023 \$100.00 Contributor address; City; State; Zip Code 2 Prestwick Ln Amarillo TX 79124 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.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Claudette R. Smith 5 Full name of contributor 7 Amount of contribution (\$) Out-of-sinte PAC (ID#\_ 05/08/2023 Julie Martindale S25.00 Contributor address; City: State; Zip Code 6200 Foley Square Street Amarillo TX 79119 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#\_\_\_\_ Amount of contribution (\$) Date Thomas Scherlen \$100.00 05/14/2023 Contributor address; City; State; Zip Code 3512 Meadow Dr Amarillo TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (IDN Date Amount of contribution (\$) Sharron Harris \$50.00 05/14/2023 State; Zip Code Contributor address: City; 804 S Palo Duro St Amarillo TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Oul-of-slate PAC (ID# Amount of contribution (\$) Chesney's Whiskey Saloon City, State; Zip Code 05/01/2023 \$2500.00 715 S. Polk Amarillo TX 79124 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,

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Revised 8/17/2020

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Claudette R. Smith 7 Amount of contribution (\$) 5 Full name of contributor Out-of-state PAC (ID\*\_\_\_\_ Teresa Foster \$25.00 05/12/2023 6 Contributor address; State; Zip Code City; 3412 Carlton Dr Amarillo TX 79109 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#\_\_\_\_ Amount of contribution (\$) Anthony Alan Arvello 05/15/2023 \$25.00 Contributor address; State; Zip Code City; 5704 S Fannin Amarillo TX 79110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Angelo Pena \$100.00 05/30/2023 Contributor address; State; Zip Code City; 2713 Steve's Way Amarillo TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Anthony Alan Arvello Contributor address; City; State; Zip Code 05/15/2023 \$25.00 5704 S Fannin Amarillo TX 79110 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.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 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 7 Amount of contribution (\$) Patti Stanley 05/17/2023 \$200.00 6 Contributor address; State; Zip Code City: Amarillo TX 79109 3228 Bowie St 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID4\_\_\_\_ Full name of contributor Amount of contribution (\$) Mildred Darton 05/19/2023 \$150.00 State: Zip Code Contributor address; City; 2005 NW 14th St Amarillo TX 79107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID# Date Amount of contribution (\$) Stephen Dixon \$25.00 05/07/2023 Contributor address: City: State; Zip Code 4313 Albert Ave Amarillo TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC IIDa: City; State 7:- 0 Teamsters 577 D,R.I.V.E. Fund 05/23/2023 Contributor address; \$2000.00 79105 P.O. Box 1609 Amarillo TX 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.

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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Claudette R. Smith 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#\_\_ Surinkuma & Minal Patel 05/23/2023 6 Contributor address, \$500.00 City: State; Zlp Code 4200 Erik Ave Amarillo TX 79109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) U out-of-state PAC (ID# \_\_\_\_ Full name of contributor Date Amount of contribution (\$) Chesneys Whiskey Saloon 05/25/2023 \$2500.00 Contributor address; State; Zip Code 715 S Polk Amarillo TX 79101 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Dul-of-state PAC (ID#\_ Amount of contribution (\$) Doug Hershey \$75.00 05/24/2023 Contributor address; State; Zip Code Amarillo TX 79159 P.O. Box 50176 Principal occupation / Job title (See Instructions) Employer (See instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: Diane Tooley 05/30/2023 \$100.00 Contributor address; 19525 Chaparral Rd Canyon, TX 79015 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.

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Revised 8/17/2020

## **MONETARY POLITICAL CONTRIBUTIONS**

## 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 05/30/2023	5 Full name of contributor	7 Amount of contribution (\$) \$10.00
	6 Contributor address; City; State; Z Unknown	Zip Code
8 Principal occu	pation / Job title (See Instructions)  9 Employe	er (See Instructions)
Date 05/27/2023	Full name of contributor   Out-of-state PAC (ID# Jimmy Lee McAdams Revocable Trust	Amount of contribution (\$)
00/2//2020	Contributor address: City; State; 2 14150 FM 2186 Amarillo TX 7	\$1000.00 Zip Code 9119
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
Date 06/01/2023	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
00.0.72020	Contributor address; Clly; State; 2 P.O. Box 50372 Amarillo TX 79	\$3000.00 2159
Principal occup	ation / Job title (See Instructions) Employs	er (See Instructions)
Date	Full name of contributor □ out-of-state PAC (ID=	Amount of contribution (\$)
06/05/2023	Contributor address; City; State; Z 7101 Old Kent Rd Amarillo TX 79	\$25,00 lip Code 1109
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCI If contributor is out-of-state PAC, please see Instruction guide	HEDULE AS NEEDED for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

2 FILER NAME Claudette R. Smith  4 Date 5 Full name of contributor □ out-of-state PAC (IDA:	Filer ID (Ethics Commission Filers)      Amount of contribution (\$)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
Dennis Hall	Į.
6 Contributor address; City: State; Zip Code 4407 S Virginia Amarillo TX 79109	\$25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor	Amount of contribution (\$)
06/06/2023 Contributor address: City: State; Zip Code 1703 S Julian Blvd Amarillo TX 79102	\$50.00
Principal occupation / Job title (See Instructions)  Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#)  Craig Gualtiere	Amount of contribution (\$)
Contributor address; City; State; Zip Code  ?6822 Marika Circle Amarillo TX 79124	\$5000.00
Principal occupation / Job litte (See Instructions)  Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Charles Johnson Contributor address; City; State: Zip Code 2834 Bowie St Amarillo, TX 79109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)  Employer (See Instru	ictions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The	Instruction Guide explains how to complete this for	1 Total pages Schedule A1, 8		
2 FILER NAME Claudette R	. Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 05/16/2023	Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$40.00	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	lions)	
Dete 05/17/2023	Full name of contributor out-of-state PAC (ID# Pete Mendoza  Contributor address; City; S 1914 Martin Rd Amarillo, TX 79107	State; Zip Code	Amount of contribution (\$) \$50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#  Contributor address; City; S		Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	lions)	
Date		State: Zip Code	Amount of contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

### **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 (\$) 6/6/2023 Claudette Smith \$8000.00 6 Is lender 10 Interest rate 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 7606 Cervin Dr Amarillo Y N TX 79121 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Self **Business Owner** 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) X none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Out-of-state PAC (ID#:\_\_\_\_ \$5985.81 06/06/2023 Claudette Smith Interest rate City; State; Zip Code Is lender 7606 Cervin Dr. Amarillo, TX 79121 Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Self **Business Owner** Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor State: Zip Code Guarantor address; City: 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.

### **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 (\$) 6/15/2023 Claudette Smith \$1500.00 6 is lender 10 Interest rate 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 7606 Cervin Dr Amarillo TX 79121 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Self Business Owner 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 18 Guarantor address; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Out-of-state PAC (ID# \$5500.00 06/25/2023 Claudette Smith interest rate Lender address; City: State; Zip Code a financial 7606 Cervin Dr. Amarillo, TX 79121 Institution? Maturity date Y N Principal occupation / Job little (See Instructions) Employer (See Instructions) Self **Business Owner** Description of Collateral Check if personal funds were deposited into political account (See Instructions) X 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.

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.				
		IRE CATEGORIES		
Advertising Exponse Accounting/Banking Consulting Exponse Contributions/Donations Mado B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Over se Polling Ex s Expense Printing E	xponse Vages/Contract Labor	Solicitation/Fundraising Exponse Transportation Equipment & Related Exponso Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Claudette R. Smith			3 Filer ID (Ethics Commission Filers)
4 Date 05/30/2023	5 Payee name Political Design LL0			
6 Amount (\$)	7 Payee address:		City;	State; Zip Code
\$43.27	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 Expe	nse	Graphic D	esign
	(c) Check if travel outside of	exas Complete Schedule T	Check if Aust	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder r	ame	Office sought	Office held
Date	Payee name			
05/26/2023	Political Design LLC			
Amount (\$)	Payee address;		City;	State: Zip Code
\$48.10	8 Eliezer Kaplan S	St Tel Aviv 64	1734091 Israel	
	Category (See Categorins listed	et (he (op of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expe	nse	Graphic D	Design
	Check if travel outside of	oxas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to banefit C/Q	Candidate / Officeholder r	ame	Office sought	Office held
Date	Payee name			
05/24/2023	Political Design LL	С		
Amount (\$)	Payee address;		City:	State: Zip Code
\$26.58	Eliezer Kaplan S	Tel Aviv 647	734091 Israel	
	Calegory (See Calegories listed i		Description	
PURPOSE OF EXPENDITURE	Advertising Exper	nse	Graphic De	esign
	Check il travel quisido of T	exas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder	name	Office sought	Office held
	ATTACH ADDITION	AL CODIES OF THIS	SCHEDIII E AS NEI	EDED

## SCHEDULE F1

Fees Offi Food/Boverage Expense Po Gift/Awards/Momonals Expense Pri	can Repayment/Reimburs  ffice Overhead/Rental Ex-  ffice Everhead/Rental Ex-  ffice Everhead/Rental Ex-  ffice Everhead/Rental Ex-  ffice Everhead/Rental Ex-  city of 64734091    Graphic  Office s  City  City  City  City  City  City  City	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel for Distinct Travel of Distinct Other (enter a category not listed above)  form.  3 Filter ID (Ethics Commission Filers)  y: State: Zip Code  Israel  ptton Design  heck if Austin, TX, officeholder living expense sought Office held
Fees God/Bavaraga Expense God/Bavaraga Expense God/Bavaraga Expense Pood/Bavaraga Expense Pri Sa The Instruction Guide explains he R NAME udette R. Smith Butter Bee address:  Eliezer Kaplan St Tel Avivategary (Sac Categories listed at the top of this scheduled to Chack if travel outside of Toxas Complete Scheduled and Idate / Officeholder name  ee name itical Design IIC  ee address:	City  City	Transportation Equipment & Related Expense Travel in Distinct Travel in Distinct Other (enter a category not fisted above)  form.  3 Filer ID (Ethics Commission Filers)  y: State: Zip Code  ption  beck if Austin, TX, officeholder living expanse  sought Office held  y: State: Zip Code
udette R. Smith ee name litical Design IIc ee address: Eliezer Kaplan St Tel Aviv tegory (Sac Categories listed at the top of this sche livertising  Check if travel outside of Texas Complete Schedu and idate / Officeholder name ee name itical Design IIc ee address:	odule) (b) Descrip Graphic UneT ch	y: State: Zip Code  Israel  ption  Design  heck if Austin, TX, officeholder hving expanse sought  Office held
litical Design IIc  ee address:  liezer Kaplan St Tel Aviv  tegory (Soc Catogories listed at the top of this sche- livertising  Chack if travel outside of Toras Complete Sched  and Idate / Officeholder name  ee name  itical Design IIc  ee address:	odule) (b) Descrip Graphic UneT ch	Israel  ption  Design  heck if Austin, TX, officeholder hving expanse  sought  Office held  ly: State: Zip Code
liezer Kaplan St Tel Aviverence (See Categories listed at the top of this schedorer tising)  Check if travel outside of Toxas Complete Schedorer name  ee name  itical Design IIc  ee address:	odule) (b) Descrip Graphic UneT ch	Israel  ption  Design  heck if Austin, TX, officeholder hving expanse  sought  Office held  ly: State: Zip Code
tegary (Sac Categories listed at the top of this school vertising  Circle If travel outside of Toxas Complete School and Idate / Officeholder name  ee name  itical Design IIc  ee address:	Graphic  Graphic  Office s	ption  Design  Heck if Austin, TX, officeholder hving expanse  sought Office held  by: State: Zip Code
Circle If travel outside of Toxas Complete Schede and Idate / Officeholder name ee name itical Design IIc ee address:	Graphic  Graphic  Chyline T  Chyline S	Design  meck if Austin, TX, officeholder living expanse  sought Office held  by: State: Zip Code
Check if traveloutside of Toras Complete Schede andIdate / Officeholder name ee name itical Design IIc ee address:	Office s	heck if Austin, TX, officaholder hving expanse  Sought Office held  Iy: State: Zip Code
ee name itical Design IIc	Office s	ought Office held  by: State: Zip Code
ee name itical Design IIc ee address:	City	ly; Slate: Zip Code
itical Design IIc		
ee address;		
iezer Kaplan St Tel Aviv 64	1734091 Israe	el
egory (See Calegorins listed at the top of this sched	dule) Descrip	ption
vertising	Graph	hic Design
Chock il travel outsido of Toxas. Complete Schede	lule T. Cl	heck if Austin, TX, officeholder fiving expense
andidate / Officeholder name	Office s	sought Office held
yee name		
Defco		
ee address;	City	ty; State; Zip Code
3400 Coulter St. S Ama	arillo TX 79	9121
nsportation Equipment an	nd	<sup>ption</sup> for Sign Deliveries
Check il travel outside of Texas, Complete School	ulo T. Ch	heck if Auslin, TX, afficaholder living expense
		sought Office held
3	legory (Sec Categories listed at the top of this sched ansportation Equipment an lated Expense  Check il trevel outside of Texas, Complate Sched	yee address: Cit 3400 Coulter St. S Amarillo TX 79  Regory (See Categories listed at the top of this schedule) Ansportation Equipment and lated Expense Fuel  Check if travel outside of Texas. Complete Schedulo T

## SCHEDULE F1

ii tile requestes iiii					`	
		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	y Il Committee	Evont Expense Fees Food/Beverage Expense Gift/Awards/Momenals Expense Legal Sorvices The Instruction Gulde explai	Office Ove Polling Exp Printing Ex Salaries/M	:ponse /ages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a caleg	oment & Related Expenso
1 Total pages Schedule F1:		AME tte R. Smith			3 Filer ID (Ethic	s Commission Filers)
4 Date 06/05/2023	5 Payee no Cefco	ame				
6 Amount (\$)	7 Payee a	ddress;		Clty;	State;	Zip Code
\$40.00	3400	Coulter St, Amarillo,	TX 791	21		
8	(a) Categor	ry (See Categories listed at the top of thi	s schedulo)	(b) Description		
PURPOSE	Transp	ortation Equipment	and	Fuel for Sig	n Deliveries	
OF EXPENDITURE		d Expense		1 401 101 019	g., 2 0,, v 0,, a 0	
	(c)	Chack if travel outside of Toxas, Completo	Schedule T.	Check if Austr	m, TX, officeholder livin	g expanse
O Complete ONLY if direct	Candle	date / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OI						
Date	Рауее п	ame				
05/15/2023	A.G.E	. Graphics LLC				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$1320.00	52231	State Route 248 Lor	ig Botto	m, OH 45743		
	Categor	y (See Categorius listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Othe	r		Advertisin	g Expense	
		Check if travel outside of Toxas, Comptete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
05/16/2023	Walm	nart				
Amount (\$)	Payee a	ddress;		City;	State	Zip Code
\$27.51	4610	S Coulter St Amarillo	, Texas	79119		
	Category	/ (See Calegories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Othe	er		Office Supp	plies	
		Check il travel outside of Texas, Complete	Schedula T.	Check if Auslin	n. TX. officeholder living	, oxpense
Complete <u>ONLY</u> if direct expenditure to benefit C/Of		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Exponse Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursennent lifice Overhead/Rental Expense pilling Expense inling Expenso alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expenso Travel In District Travel Out Of District Other (enfor a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethics Commission Filers)
4 Date 05/31/2023	5 Payee name Vista Print		·
6 Amount (\$)	7 Payee address:	City.	State: Zip Code
\$267.79	9250 N Red Rock Rd Suit	e A, Reno, NV 89	508
8	(a) Category (See Categories listed at the top of this school	dulo) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		Printed Materials
	(c) Chuck if travel outside of Texas. Complete Schee	lule T. Check if Aust	in, TX, afficeholder living exprinse
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/31/2023	Walgreens		
Amount (\$)	Payee address;	City;	State: Zip Code
\$24.02	5921 Hillside Rd. Amarillo, T	X 79109	
	Category (See Calegorius listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Printed Ma	terials
	Check if travel outside of Texas. Complete Scheo	lule T. Check if Aust	tin TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Dale	Payee name		
06/01/2023	Walgreens		
Amount (\$)	Payee address;	City:	State: Zip Code
\$24.02	5921 Hillside Rd. Amarillo, T	X 79109	
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Printed Ma	iterial
	Check if travel outside of Texas, Complete Sched	ule T. Check if Aust	rr. TX. officoholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder пате Н	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDIN E 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)** Advortising Exponse Accounting/Banking Consulting Exponse Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Our Of District Other (enter a category not listed above) Loan Repayment/Reimbursoment Office Overhead/Rental Expense Polling Expense Printing Expense Salarics/Wages/Contract Labor Eveni Expense Fees Food/Beverage Expense GilVAwards/Memorials Expense Legal Services 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) 4 Date 06/01/2023 5 Payee name Wells Fargo City. State: Zip Code 6 Amount (\$) 7 Payee address: 4140 Coulter St Amarillo, TX 79109 \$7.50 (a) Category (See Categories listed at the top of 8 PURPOSE Other Bank Fees OF EXPENDITURE (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 05/01/2023 Textedly Amount (\$) Payee address; City: State: Zip Code 819 Arapaho Rd \$644.78 Richardson TX 75080 Category (Soo Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Media OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH Office sought Office held Payee name Textedly 05/02/2023 Amount (\$) Payee address: City State Zip Code \$644.78 75080 819 Arapaho Rd Richardson TX Calegory (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Media OF EXPENDITURE Check if travel outside of Texas, Complete Schodulo T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

## SCHEDULE F1

II the reduested in	offination is not applicable, be ite. in	orade title page in the ti	AB 21.11
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Donations Mado B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Bayorage Expense y Gift/Awards/Mamorials Expense	Loan Repayment/Reimbursoment Office Overhead/Rental Exponse Polling Exponse Printing Exponse Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expenso Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/01/2023	Textedly		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
\$570.30	1800 Century Park East, Suite 6	00, Los Angeles, CA. 9	90067
8	(a) Category (See Categories listed at the top of this se	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Media	
	(c) Check if travel outside of Texas, Complete Sch	nedule T Check if Aus	tm. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/01/2023	Textedly		
Amount (\$)	Payee address;	City;	State: Zip Code
\$325.68	800 Century Park East, Suite 6	00, Los Angeles, CA. 9	90067
	Calegory (See Calegorins listed at the top of this sol	nedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Media	
	Chack if travel outside of Texas, Complete Sch	edule T. Check if Aus	tin, TX. officaholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/19/2023	Murphy Express		
Amount (\$)	Payee address;	City;	State: Zip Code
\$45.50	2109 S Western Amarillo,	TX 79109	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Transportation	Fuel	
	Check if travel outside of Texas, Complete Sch	edule T. Chack if Aust	in, TX, officoholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	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 Exponse Accounting/Banking Consulting Exponse Contributions/Donations Mado By Candidato/Dificeholder/Political Committee Loan Repayment/Reimbursennant Office Overhead/Rental Exponse Polling Expense Printing Exponso Salarios/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Foos Food/Bevorage Expense Gift/Awards/Momorials Expense Logal Services Travel In District Other (enter a catagory 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) Claudette R. Smith 4 Date 5 Payee name Bank of America 05/03/2023 6 Amount (\$) 7 Payee address: City. State; Zip Code \$8.00 100 North Tryon ST Charlotte, NC 28285 (a) Calegory (See Categories listed at the top of this schodule) (b) Description 8 PURPOSE Bank Fees Bank Fees OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule T. Check if Austin, TX; officeholder living expense Candidate / Officeholder name Office held 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name 05/15/2023 **USPS** City. Amount (\$) Pavee address: State: Zip Code 307 S Western St. Amarillo, Texas 79116 \$720.00 Category (See Categorius listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Other Postage 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/QH Payee name Date 05/15/2023 **USPS** Amount (\$) Payee address; State: Zip Code USPS 5000 S Western St. Amarillo, Texas 79109 \$63.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Other OF EXPENDITURE Postage Check if travel outside of Texas, Complete Schedule Te Chack if Austin, TX, officaholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Exponse Accounting/Banking Consulting Expense Contributions/Donations Mado By Candidate/Olficeholder/Political Connnittee Loan Repaymont/Reimbursement 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 listed above) Fees Food/Boverago Expense Gift/Awards/Memorials Expense Legal Services 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 USPS 05/16/2023 Clty; State: Zip Code 6 Amount (\$) 7 Payee address; \$378.00 5000 S. Western St. Amarillo, Texas 79109 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Postage Other OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Toxas. Complete Schedule T. Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Рауее пате Date USPS 05/16/2023 Amount (\$) Payee address; City; State: Zip Code 307 S Western St. Amarillo, Texas 79116 \$504.00 Category (See Categorius listed at the top of this schedule) Description PURPOSE Other Postage OF EXPENDITURE Chock if travel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/QH Candidate / Officeholder name Office sought Office held Pavee name Date 05/19/2023 **USPS** Amount (\$) Payee address; City: State. Zip Code

Other

\$378.00

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Description

Postage

Check if Austin, TX, officeholder living expense

1304 4th Ave Canyon, Texas 79105

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

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)** Evont Expenso Fees Food/Bovorago Expenso Gill/Awards/Meingrials Expense Legal Sorvices Loan Ropaymont/Reimbursement Office Overhead/Rental Expense Polling Expenso Printing Expense Salarios/Wages/Contract Labor Solicitation/Fundraising Exponse Transportation Equipment & Related Exponso Travel In District Travel Qut Of District Other (enter a category not listed above) AdvertIsing Expanse Accounting/Banking Consulting Expanse Contributions/Donations Made By 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 5 Payee name Cody Perez Photography 05/28/2023 Zip Code State: 6 Amount (\$) 7 Payee address: City: \$100.00 4814 Wesley Rd Amarillo, TX 79119 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Other Media OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. 9 Complete ONLY If direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 05/28/2023 Drunken Oyster Amount (\$) Payee address; City: State: Zip Code 7606 SW 45th #100 Amarillo, TX 79119 \$500.00 Category (See Categorins listed at the top of this schedule) Description PURPOSE Other Team meal EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office sought Pavee name 05/28/2023 Amazon Amount (\$) Payee address; City; State: Zip Code \$600.00 410 Terry Ave.N Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Other Office Supplies EXPENDITURE Check il travel outside of Texas Complete Schedule T. Check if Austin TX officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Advertising Exponse Accounting/Banking Consulting Exponse Contributions/Donations Mada By Candidate/Officeholder/Political Committee Solicitation/Fundraising Exponse Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Traval Out Of District Other (enter a category not listed above) Logal Services 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) Claudette R. Smith 4 Date 5 Payee name 06/11/2023 Vista Print City; State: Zip Code 6 Amount (\$) 7 Payee address; \$369.00 9250 N Red Rock Rd Suite A, Reno, NV 89508 (a) Category (See Categories listed at the top of this schedule) (b) Description R PURPOSE Other Media OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expanse Candidate / Officeholder name Office sought Office held 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name 06/13/2023 Murphys City; State: Zip Code Amount (\$) Pavee address: 2105 S Western Amarillo, TX 79106 \$57.23 Category (See Categorius listed at the top of this schedule) Description PURPOSE Transportation Equipment and Fuel for Sign Deliveries OF EXPENDITURE Related Expense Gheck if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/QH Payee name 05/24/2023 **Brandt Fricker** Amount (\$) Pavee address: Zip Code \$1500.00 1115 Polk Road 38 Hatfield AR 71945 Category (See Categories listed at the top of this schedule) Description PURPOSE Other Media OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule Te Chack if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH 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)** Loan Repaymont/Reimbursoniont Office Ovorhead/Rental Exponse Polling Expense frinting Exponso Salarles/Wagos/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Baverage Expenso Gift/Awards/Manorials Expense Candidate/Officeholder/Political Committee Logal Services Credit Card Paymont 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 ClickSend 05/03/2023 Zip Code City: State: 6 Amount (\$) 7 Payee address: \$20.00 9PO Box 210 South Perth WA 6925 Australia (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Other Media OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Pavee name 05/03/2023 ClickSend Amount (\$) City; State: Zip Code 9PO Box 210 South Perth WA 6925 Australia \$20.00 Category (See Categorius listed at the top of this schedule) Description PURPOSE Other Media OF EXPENDITURE Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office sought Office held Payee name 05/03/2023 ClickSend Amount (\$) Payee address; City: State: Zip Code \$100.00 9PO Box 210 South Perth WA 6925 Australia Category (See Categories listed at the top of this schedule) Description PURPOSE Other Media OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 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)** Solicitation/Fundraising Exponse Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) Advertising Exponse Accounting/Banking Consulting Exponse Contributions/Donationa Made By Candidate/Officeholder/Pofitical Committee Loan Ropayment/Reimbursoment Office Overhead/Rental Expense Polling Expense I'rinling Expense Salaries/Wages/Contract Labor Evani Expense Fees Food/Bovorage Expense Gift/Awards/Memorials Expense Logal Services Crock 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) Claudette R. Smith 5 Payee name 4 Date ClickSend 05/02/2023 6 Amount (\$) 7 Payee address: City; State; Žip Code \$16.58 9PO Box 210 South Perth WA 6925 Australia (a) Category (See Categories listed at the top of this schodule) (b) Description 8 PURPOSE Other Media OF EXPENDITURE Check if Austin TX, officeholder fiving expanse Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 05/02/2023 ClickSend Amount (\$) Payee address; State: Zip Code 9PO Box 210 South Perth WA 6925 Australia \$66.58 Category (See Categorins listed at the top of this schedule) Description PURPOSE Other Media OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Office held Payee name Date 05/02/2023 ClickSend Amount (\$) City: State: Zip Code \$50.00 9PO Box 210 South Perth WA 6925 Australia Category (See Categories listed at the top of this schedule) Description PURPOSE Other Media OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Chack if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Office sought Office held

## SCHEDULE F1

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	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Bovorago Expense Poll y Gill/Awarda/Momorials Expense Prin	n Repaymont/Reimbursoment ize Overhead/Rental Exponse ing Expense ling Exponso infos/Wages/Contract Labor w to complete this form.	Solidiation/Fundraising Expenso Transportation Equipment & Related Expenso Travel In District Travel Out of District Other (antor a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethics Commission Filers)
4 Date 05/022023	5 Payee name ClickSend		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
\$20.00	9PO Box 210 South Perth WA 692	5 Australia	
8	(a) Category (See Categories listed at the top of this school	(b) Description	
PURPOSE OF EXPENDITURE	Other	Media	
	(c) Check if travel outside of Toxas. Complete Schedul	eT Check if Aus	ilin, TX, officeholder living expanse
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/06/2023	ClickSend		
Amount (\$) \$50.00	Payee address: 9PO Box 210 South Perth WA 69	City: 25 Australia	State; Zip Code
	Category (See Calegorins listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Other	Media	
	Check if travel outside of Toxas, Complete Schedul	c T. Check if Aus	din, TX, officaholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/06/2023	ClickSend		
Amount (\$)	Payee address;	City:	State; Zip Code
\$54.21	9PO Box 210 South Perth W	A 6925 Australia	
	Category (See Categories hated at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Other	Media	
	Chack if travel outside of Texas, Complete Schedul	a.T. Chack if Aus	lin. TX. officeholder living 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 Expanse Accounting/Banking Consulting Expense Contributions/Donalitons Mado By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Finling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Exponse Transportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above) Evonl Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Logal Services 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) Claudette R. Smith 5 Payee name ClickSend 4 Date 05/062023 Zip Code 7 Payee address: City: 6 Amount (\$) \$50.00 9PO Box 210 South Perth WA 6925 Australia (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Other Media EXPENDITURE Check if Austin, TX; officeholder living expanse Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name 05/15/2023 ClickSend City; Amount (\$) Payee address; State: Zip Code 9PO Box 210 South Perth WA 6925 Australia \$50.00 Category (See Categorius listed al the lop of this schedule) Description PURPOSE Other Media EXPENDITURE Check if travel outside of Toxas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 06/06/2023 ClickSend Amount (\$) Payee address; City: State: Zip Code \$100.00 9PO Box 210 South Perth WA 6925 Australia Category (See Calegories listed at the top of this schedule) Description PURPOSE Other Media OF EXPENDITURE Chack il travel outside of Texas, Complete Schedula T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

# SCHEDULE F1

II tilo lodgeores anni					-2-					
		EXPENDITURE CATE	GORIES F	ORE	зох	(8(a)				
Advertising Exponse Accounting/Banking Consulting Expense Contributions/Donations Mada By Candidata/Officeholder/Politica Crodil Card Payment	/ Committee	Evant Expense Feas Food/Bavarago Expensa Giti/Awards/Mamorials Expense Logal Sarvicas The Instruction Guide explain	Loan Repay Office Over Polling Exp Printing Ex Salaries/W	head/F ense pense ages/C	Rental	Exponse	Transp Travel Travel	lion/Fundrai ortalion Equi In District Out Of Distri ontor a caleç	pment &	Related Expense
1 Total pages Schedule F1:	2 FILER N	IAME tte R. Smith					3 File	r ID (Ethio	es Comr	nission Filers)
4 Date 06/072023	5 Payeen ClickSo									
6 Amount (\$) \$100.00	7 Payee a 9PO B	ddress: ox 210 South Perth WA	6925 Au	ıstra		Olty:		State;	Ziţ	o Code
8	(B) Catego	ry (See Calogories listed at the top of this	schedulo)	(b)	Des	cription				
PURPOSE OF EXPENDITURE	Other	1 60			Me	dia				
	(c)	Check if travel outside of Toxas, Complete S	ichedule T.			Chock if Aust	lm, TX, off	caholder livir	пд ехрапя	Se
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		(	Office	e sought			Office	held
Date	Payee n	ame								
06/08/2023	ClickS	end								
Amount (\$)	Payee a	ddress;			(	City;		State:	Zij	o Code
\$100.00	9PO	Box 210 South Perth WA	A 6925 A							
	Categor	y (See Categorins listed at the top of this:	schedula)		Des	cription				
PURPOSE OF EXPENDITURE	Other			١	Vlec	lia				
		Check if travel outside of Texas, Complete S	ichedule T.			Check if Aus	lin, TX, off	rceholder livir	ng expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder name		(	Offici	e sought			Office	held
Date	Payeer	name								
05/26/2023	Cefc	o								
Amount (\$)	Рвуео а	ddress;			(	City;		State;	Zij	o Code
\$40.00	3400	Coulter Amarillo, TX	79121							
- 440	Categor	y (Soc Calegories halled at the top of this s	chedule)		Des	cription				
PURPOSE OF EXPENDITURE	Tran	sportation			F	uel				
		Chock if travel outside of Texas. Complete S	chedule T.			Check if Aust	in, TX, offi	caholder livin	ıg expens	ie.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name			Offic	e sought		-	Offic	e held
	A7	TACH ADDITIONAL COPIES	OF THIS	SCHE	DU	LE AS NE	EDED			

## SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Exponse Accounting/Banking Consulting Expense Contributions/Donations Mado B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Bevorage Expense Polling Ex By Gift/Awards/Momoriels Expense Printing E	xpenso Vages/Contract Labor	Solicitation/Fundraising Exponse 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 NAME Claudette R. Smith		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2023	5 Payee name ClickSend		
6 Amount (\$)	7 Payee address:	City:	State; Zip Code
\$600.00	9PO Box 210 South Perth WA 6925 A	ustralia	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Media	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin. TX. officeholder living expanse
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
06/142023	ClickSend		
Amount (\$) \$220.00	Payee address; 9PO Box 210 South Perth WA 6925	c <sub>ity:</sub> Australia	State: Zip Code
	Category (See Categorias listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	Media	
	Check if travel outside of Taxas, Complete Schedule T.	Check if Aust	lin, TX, officaholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Q	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/31/2023	Vista Print		
Amount (\$)	Payee address;	City:	State: Zip Code
\$259.78	9250 N Red Rock Rd Suite A, F	Reno, NV 8950	8
	9250 N Red Rock Rd Suite A, F Category (See Calegories listed at the top of this schedule)	Reno, NV 8950	08
			08
\$259.78  PURPOSE OF	Calegory (See Calegories listed at the top of this schedule)	Description	nin, TX, officeholder hving expense

## SCHEDULE F1

ii the requested in	offitation is not applicable, bo NOT metac	e tine page in the roport	
	EXPENDITURE CATEGORII	S FOR BOX 8(a)	
Advertising Expanse Accounting/Banking Consulting Expense Contributions/Donations Mada B Candidata/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin  y Gift/Awards/Momerials Expense Frintin	g Expense Travel In District ig Expense Travel Out Of Dist es/Wages/Contract Labor Other (enter a cate	upment & Related Expenso
4 5 11 51			ics Commission Filers)
1 Total pages Schedule F1:	Claudette R. Smith	3 FIRE ID (EIII	us commission mersy
4 Date 06/11/2023	5 Payee name ClickSend		
6 Amount (\$)	7 Payee address:	City; State;	Zip Code
\$100.00	9PO Box 210 South Perth WA 6925		
8	(a) Calegory (See Calegories listed at the top of this schedul	(b) Description	
PURPOSE OF	Other	Media	
EXPENDITURE			
	(c) Check if traval outside of Taxas, Complete Schedule	Check if Austin, TX, officeholder liv	ing expanse
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name This entry Intentionally left blank		
Amount (\$)	Payee address;	City; State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categorius listed at the top of this schedule	Description	
	Check if travel outside of Texas, Complete Schedule	Check if Austin, TX officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
06/11/2023	Vista Print		
Amount (\$)	Payee address;	City; State:	Zip Code
\$330.14	9250 N Red Rock Rd Suite A,	Reno, NV 89508	
	Calegory (See Calegories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	Advertising	Media	
	Check if travel outside of Texas, Complete Schedule T	Chack if Austin, TX, officeholder live	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sough!	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED	

## SCHEDULE F1

ii the requested in	omnation is	s not applicable, be not in	0,000 11	no page		F	
		EXPENDITURE CATEG	ORIES F	OR BOX	8(a)		
Advertising Exponse Accounting/Banking Consulting Expense Contributions/Donations Mada B Candidate/Officeholder/Politica Credit Card Payment	y il Commillee	Evant Expenso Foos Food/Bevorage Expenso G(II/Awards/Momorials Expenso Logal Sorvices The Instruction Guide explains	Office Over Polling Exp Printing Exp Salaries/W	penso ages/Contra	l Exponse ol Labor	Travel In District Travel Out Of Distri	pment & Releted Expense
4	0.511.50.4		_		_	3 Filer ID /Fibi	cs Commission Filers)
1 Total pages Schedule F1;		tte R. Smith				0 1 1101 10 (2.111	os communion ( mors)
4 Date 06/01/2023	5 Payeen Vista P				- 11.7		
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip Code
\$479.66		I Red Rock Rd Suite A, R					
8	(a) Calego	ry (See Categories listed at the top of this s	shedula)	(b) Desc	criplion		
PURPOSE	Other				سائد		
OF EXPENDITURE	Other			Me	dia		
EXPENDITURE							
	(c)	Check if travel outside of Texas, Complete Sci	hedule T		Check if Aust	lın, TX, afficeholder livi	ng expanse
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office	e soughl		Office held
Date	Payee n	ame					
06/062023	Vista P	rin					
Amount (\$)	Payee a	ddress;		(	City;	State:	Zip Code
\$5985.81	9250	N Red Rock Rd Suite A,	Reno, I	VV 8950	08		
	Categor	y (See Calegorius listed al lho top of this sc	hedule)	Des	cription		
PURPOSE	041				ı.		
OF	Other			Media			
EXPENDITURE							
		Check if travel outside of Toxos, Complete Sci	hedule T.		Check if Aust	lın, TX, officahalder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		dale / Officeholder name		Office	e sought		Office held
Date	Payee r	name					
05/152023							
03/132023	Wal-	Mart					
Amount (\$)	Payee a				City;	State:	Zip Code
	. 2,00 a			(	J. L. Y .	State;	Zip Gode
\$94.99		S Coulter St Amarillo		as 791	19		
	Categor	y (See Calegories listed at the top of this sci	hedule)	Desc	cription		
PURPOSE OF EXPENDITURE	Othe	r 		Sı	upplies		
		Check if travel outside of Texas, Complete Sci	iedute T.		Check if Aust	in, TX, officeholder livii	ng expense
Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Offic	e soughl		Office held
	AT	TACH ADDITIONAL COPIES (	OF THIS S	SCHEDU	LE 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)** Loan Ropaymont/Reimbursoment Office Overhead/Rental Exponse Polling Exponso Printing Exponso Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Bovorage Expense Gift/Awards/Maingrials Expense Logal Sorvices Candidate/Officeholder/Political Cornmittee 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) Claudette R. Smith 4 Date 5 Payee name 06/14/2023 ClickSend City; State; Zip Code 6 Amount (\$) 7 Payee address; \$100.00 9PO Box 210 South Perth WA 6925 Australia (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Other Media OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name 0615/2023 ClickSend State: Zip Code Amount (\$) Pavee address: 9PO Box 210 South Perth WA 6925 Australia \$100.00 Description Category (See Categories listed at the top of this schedule) PURPOSE Other Media OF EXPENDITURE Check if travel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/QH Candidate / Officeholder name Office sought Office held Payee name 05/252023 **Burkett Outdoor** Amount (\$) Payee address; Zip Code \$5500.00 P.O. Box 50372 Amarillo, Texas 79159 Calegory (Soc Calegories listed at the top of this schedule) Description **PURPOSE** Advertising Media OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

## 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 Confibutions/Donationa Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Oil District Evoni Expense Fees Food/Bevorage Expense Gift/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 3 Filer ID (Ethics Commission Filers) Claudette R. Smith 4 Date 5 Payce name Cefco 05/09/2023 State: Zip Code City; 6 Amount (\$) 7 Payee address; \$42.97 3400 Coulter St, Amarillo, TX 79121 (a) Calegory (See Categories listed at the top of this schodule) (b) Description PURPOSE Transportation Fuel OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name 05/19/2023 Cefco City: Amount (\$) State: Zip Code Payee address: 3400 Coulter St, Amarillo, TX 79121 \$58.00 Calegory (See Calegorins listed at the top of this schedule) Description PURPOSE Transportation Fuel EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officaholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to bonefit C/QH Payee name 05/14/2023 Murphy Express Amount (\$) Payee address; State: Zip Code \$41.00 4610 S Coulter St Amarillo, Texas 79119 Category (See Categories listed at the top of this schedule) Description PURPOSE Transportation Fuel OF EXPENDITURE Check il travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Exponse Accounting/Banking Consulting Expense Contributions/Donations Mada By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Renfal Exponse Polling Expense Printing Exponse Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Event Expense Food/Bovorago Expense Gift/Awards/Mornarials Expense 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) Claudette R. Smith 4 Date 5 Payee name 05/26.2023 Murphy Express 6 Amount (\$) 7 Payee address: City: State; Zip Code \$43.00 4610 S Coulter St Amarillo, Texas 79119 (b) Description (a) Category (See Categories listed at the top of this schedule) В PURPOSE Other Media OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 05/18/2023 Send in Blue Amount (\$) Pavee address: State: Zio Code 1402 3rd Ave #301; Sofia, Sofia City Province. Bulgaria \$269.00 Category (See Categorins listed at the lop of this schedule) Description PURPOSE OF EXPENDITURE Advertising Media Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held Payee name Date 05/03/2023 Send in Blue Amount (\$) Payee address; City: State: Zip Code \$169.00 1402 3rd Ave #301; Sofia, Sofia City Province. Bulgaria Category (See Calegories listed at the top of this schedule) Description PURPOSE Advertising Media OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 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)** Loan Ropaymont/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Exponse Transportation Equipment & Related Expense Travel In District Travel Out Of District Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mada By Event Expense Fees Food/Boverage Expense Gift/Awards/Momorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Logal Services 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 Bravo 06/01/2023 State: Zip Code 6 Amount (\$) 7 Payee address: City: \$169.00 1402 3rd Ave #301; Sofia, Sofia City Province. Bulgaria (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Advertising Media OF EXPENDITURE Chack if travel outside of Toxas, Complete Schadule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 06/14/2023 Bravo Amount (\$) Payee address; Zip Code 1402 3rd Ave #301; Sofia, Sofia City Province. Bulgaria \$59.00 Calegory (See Calegories listed at the top of this schedule) Description PURPOSE Advertising Media OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officaholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Payee name 06/15/2023 Bravo Amount (\$) Payee address; City. State: Zip Code \$59.00 1402 3rd Ave #301; Sofia, Sofia City Province. Bulgaria Calegory (See Calegories listed at the top of this schedule) Doscription PURPOSE Advertising OF EXPENDITURE Media Check if travel outside of Texas, Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held 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 Evant Exponse
Accounting/Banking Foos
Consulting Exponse Food/Bavaraga Exponsu
Contributions/Donations Mada By
Candidata/Officeholdar/Political Committee Logal Sarvices

Loan Ropayment/Reimbursement
Office Overhead/Rontal Expense
Polling Expense
Printing Expense
Galaries/Wages/Contract Labor

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

Crecil 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 06/05/2023	5 Payee name Anedot			
6 Amount (\$)	7 Payee address;	City.	State;	Zip Code
\$1.30	1340 Poydras Street, Suite 1770			
В	(a) Calegory (See Calegories listed at the top of this schedulo)	(b) Description		- 18111
PURPOSE OF EXPENDITURE	Other	Bank Fee	es	
	(c) Check if travel outside of Texas. Complete Schodule T.	Check if Austir	n, TX, officeholder livin	g akponse
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/17/2023	Anedot			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$2.30	1340 Poydras Street, Suite 1770			
	Category (Soo Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Bank Fee	S	
	Chock if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder livin	д схрепье
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	11010	Office held
Date	Payee name		-	
05/172023	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$8.30	1340 Poydras Street, Suite 17	770		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Bank Fees		
	Check if travel outside of Texas, Complete Schodule T.	Chack if Austin	TX. officaholder living	expenso
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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### 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/Banking Consulting Expanse Contributions/Donaltons Mada By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursoment Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Event Expense Foes Food/Boverage Expense Gift/Awards/Momorials Expense Logal Services Polling Expense Printing Expense Satarles/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 Claudette R. Smith 4 Date 5 Payee name Anedot 05/162023 6 Amount (\$) 7 Payee address: City; State: Zip Code \$1.90 1340 Poydras Street, Suite 1770 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Other Bank Fees OF EXPENDITURE Check if Auslin, TX, officeholder living expense Chack if travel outside of Toxas, Complete Schedule T. Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 05/14/2023 Anedot Amount (\$) City: State: Zip Code Payee address; 1340 Poydras Street, Suite 1770 \$2.30 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Other Bank Fees Chock if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/14/2023 Anedot Amount (\$) Payee address; City; State: Zip Code \$4.30 1340 Poydras Street, Suite 1770 Category (Soc Categories listed at the top of this schedule) Description **PURPOSE** Other Bank Fees OF EXPENDITURE Chack if travel outside of Texas Complete Schedule T. Chock if Austin, TX, officeholder living expense Candidate / Officeholder name

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)** Evoni Exponso Foos Food/Boverago Exponsu Gifl/Awards/Monorials Exponse Logal Sarvicos Loan Ropayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicilation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed abova) Advertising Expanse Accounting/Banking Consulting Expense Contributions/Donaltions Mada By Candidate/Officeholder/Palitical 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 5 Payee name 4 Date 05/12/2023 Anedot Zip Code 7 Payee address; City; 6 Amount (\$) \$1.30 1340 Poydras Street, Suite 1770 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Other Bank Fees OF EXPENDITURE Check if travel outside of Toxas\_Complete Schedule T. Check if 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 05/08/2023 Anedot Amount (\$) City: Zin Code Payee address: State: 1340 Poydras Street, Suite 1770 \$1.30 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Other Bank Fees

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			-
05/082023	Anedot			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$4.30	1340 Poydras Street, Suite 1	770		
	Category (Soo Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Bank Fe	es	
	Check if travel outside of Texas. Complete Schedule T.	Chack if Austin, T	X. officaholder livin	д ехрепью
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

Check if travel outside of Toxas, Complete Schedule T.

Candidate / Officeholder name

Check if Austin, TX, officeholder living expense

## SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Exponse Accounting/Banking Consulting Exponse Contributions/Donations Made By Candidate/Officeholder/Politica Credit CardPayment	Food State of Committee Co	paymenl/Reimbursament vorhaad/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expenso Transportation Equipment & Related Expenso Travel In District Travel Out Of District Other (anter a category not listed above)
or our out of symmetry	The Instruction Guide explains how to	complete this form.	13.02.00
Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethics Commission Filers)
Date 06/06/2023	5 Payee name Steve Gosselin		
Amount (\$)	7 Payee address:	City;	State: Zip Code
\$16,000.00	4116 Julie Amarillo, Texas 79109	)	
	(a) Calegory (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Marketi	ng
	(c) Chock if travel outside of Toxas, Complete Schedule T.	Check if Aus	slin. TX, officeholder living expanse
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State: Zip Code
PURPOSE OF EXPENDITURE	Category (Sao Categorias listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	slin, TX, officoholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	****	-
Amount (\$)	Payee address;	City;	State: Zip Code
PURPOSE OF	Category (Soo Categories listed at the top of this schedule)	Description	
EXPENDITURE			
EXPENDITURE	Chack if Iravel outside of Texas. Complete Schedule T.	Check if Aus	lin, TX, officaholder living expense

## SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a cotegory not listed above)		
	The Instruction Guide explains how t	o complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethics Commission Filers)		
4 Date 06/15/2023	5 Payee name Anedot				
6 Amount (\$)	7 Payee address:	City,	State: Zip Code		
\$2.30	1340 Poydras Street, Suite 1770				
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Other	Bank Fees			
	(c) Chack if travel outside of Toxas, Complete Schedule T.	Check if Aus	lin, TX, officabolder living axpense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
06/06/2023	Anedot				
Amount (\$)	Payee address;	City;	State: Zip Code		
\$2.30	1340 Poydras Street, Suite 177	0			
	Calegory (See Calegories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	Bank Fe	es		
	Check if travel outside of Texas Complete Schedule T	Check if Aus	lin, TX, officaholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
06/062023	Anedot				
Amount (\$)	Payee address;	City,	State; Zip Code		
\$1.30	1340 Poydras Street, Suite		Alp DOG		
	Calegory (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	Bank	Fees		
	Chack if travel outside of Texas, Complete Schedulo T.	Check if Aust	tin, TX, officahalder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NE	EDED		