

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">9</div>									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <div style="text-align: center; font-size: 1.5em;">HOWARD</div>	MI <div style="text-align: center; font-size: 1.5em;">S.</div>	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.5em; opacity: 0.5;">RECEIVED</div> <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">JUL 21 2023</div> <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">CITY SECRETARY'S CITY OF AMARILLO</div> <div style="border: 2px solid black; padding: 5px; font-size: 0.8em;">Date Received</div> <div style="border: 2px solid black; padding: 5px; font-size: 0.8em;">Date Hand-delivered or Date Postmarked</div> <div style="border: 2px solid black; padding: 5px; font-size: 0.8em;">Receipt #      Amount \$</div> <div style="border: 2px solid black; padding: 5px; font-size: 0.8em;">Date Processed</div> <div style="border: 2px solid black; padding: 5px; font-size: 0.8em;">Date Imaged</div>									
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">SMITH</div>	MI SUFFIX										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1616 S. POLK AMARILLO TX 79102</div>											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">( 806 ) 433-3363</div>	STATE; ZIP CODE TX 79102											
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <div style="text-align: center; font-size: 1.5em;">PAUL</div>	MI 										
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">MATNEY</div>	MI SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">3918 EATON AMARILLO TX 79109</div>											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">( 806 ) 584-8229</div>	STATE; ZIP CODE TX 79109											
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)	
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10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <div style="font-size: 1.5em; text-align: center;">1 / 1 / 2023      7 / 10 / 2023</div>											
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px;">                     ELECTION DATE                      Month Day Year                      / /                 </td> <td colspan="2" style="border: 1px solid black; padding: 5px;">                     ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special											
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">AMARILLO CITY COUNCIL - PLACE 4</div>	13 OFFICE SOUGHT (if known)										
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.											
<table style="width:100%; border: none;"> <tr> <td style="border: none; width:20%; vertical-align: top;"> <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC                 </td> <td style="border: 1px solid black; padding: 5px;">                     COMMITTEE TYPE                 </td> <td style="border: 1px solid black; padding: 5px;">                     COMMITTEE NAME                 </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 5px;">                     COMMITTEE ADDRESS                 </td> <td style="border: 1px solid black; padding: 5px;">                     COMMITTEE CAMPAIGN TREASURER NAME                 </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 5px;">                     COMMITTEE CAMPAIGN TREASURER ADDRESS                 </td> <td style="border: 1px solid black; padding: 5px;"> </td> </tr> </table>		<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME		COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME										
	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS											

10:55  
8:51

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME HOWARD SMITH 16 Filer ID (Ethics Commission Filers)

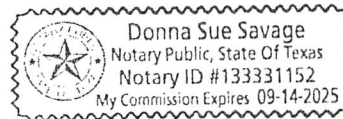
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1450.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>-0-</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Howard Smith  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Howard Smith this the 21st day of July, 2023, to certify which, witness my hand and seal of office.

Donna Sue Savage Donna Sue Savage Admin. IV  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

19 FILER NAME <b>HOWARD S SMITH</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>14,503.33</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-5-2023</b>	5 Payee name <b>HAPPY BANK</b>	
6 Amount (\$) <b>5.00</b>	7 Payee address; <b>P.O. Box 966</b>	City; State; Zip Code <b>CONWAY AR 72033</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>BANKING</b>	(b) Description <b>SERVICE CHARGE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-6-2023</b>	Payee name <b>FREDA POWELL CAMPAIGN</b>	
Amount (\$) <b>300.00</b>	Payee address; <b>509 N. HUGHES</b>	City; State; Zip Code <b>AMARILLO TX 79107</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CAMPAIGN CONTRIBUTION</b>	Description <b>CONTRIBUTION</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2-6-2023</b>	Payee name <b>DOUBLE U MARKETING</b>	
Amount (\$) <b>25.00</b>	Payee address; <b>1608 S. WASHINGTON</b>	City; State; Zip Code <b>AMARILLO TX 79102</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>MARKETING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-21-2023</b>	5 Payee name <b>HAPPY BANK</b>	
6 Amount (\$) <b>5.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 966 CONWAY AR 72033</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>BANKING</b>	(b) Description <b>SERVICE CHARGE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>3-20-2023</b>	Payee name <b>HAPPY BANK</b>	
Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 966 CONWAY AR 72033</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>BANKING</b>	Description <b>SERVICE CHARGE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date <b>4-14-2023</b>	Payee name <b>U.S. POSTMASTER</b>	
Amount (\$) <b>10.80</b>	Payee address; City; State; Zip Code <b>509 E. 9TH AMARILLO TX 79105</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>POSTAGE</b>	Description <b>ADVERTISING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-15-2023</b>	5 Payee name <b>DOUBLE L MARKETING</b>	
6 Amount (\$) <b>83.00</b>	7 Payee address; City; State; Zip Code <b>1608 S. WASHINGTON AMARILLO TX 79102</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>MARKETING</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date <b>4-20-2023</b>	Payee name <b>HAPPY BANK</b>		
Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 966 CONWAY AR 72033</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>BANKING</b>	Description <b>SERVICE CHARGE</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

Date <b>4-21-2023</b>	Payee name <b>FREDA POWELL CAMPAIGN</b>		
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>509 N. HUGHES AMARILLO TX 79107</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CAMPAIGN CONTRIBUTION</b>	Description <b>CONTRIBUTION</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5-4-2023</b>	5 Payee name <b>JON MARK PEILUE CAMPAIGN</b>	
6 Amount (\$) <b>100.00</b>	7 Payee address; <b>3916 LINDA</b>	City; State; Zip Code <b>AMARILLO TX 79109</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CAMPAIGN CONTRIBUTION</b>	(b) Description <b>CONTRIBUTION</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>5-4-2023</b>	Payee name <b>KATT MASSEY</b>	
Amount (\$) <b>100.00</b>	Payee address; <b>P.O. BOX 3004</b>	City; State; Zip Code <b>AMARILLO TX 79116</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CAMPAIGN CONTRIBUTION</b>	Description <b>CONTRIBUTION</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>5-22-2023</b>	Payee name <b>HARRY BANK</b>	
Amount (\$) <b>5.00</b>	Payee address; <b>P.O. BOX 966</b>	City; State; Zip Code <b>CONWAY AR 72033</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>BANKING</b>	Description <b>SERVICE CHARGE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6-20-2023</b>	5 Payee name <b>HAPPY BANK</b>	
6 Amount (\$) <b>5.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 966 CONWAY TX 72033</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>BANKING</b>	(b) Description <b>SERVICE CHARGE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>6-23-2023</b>	Payee name <b>LES SIMPSON CAMPAIGN</b>		
Amount (\$) <b>111.53</b>	Payee address; City; State; Zip Code <b>5304 BRINKMAN AMARILLO TX 79106</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CAMPAIGN CONTRIBUTION</b>	Description <b>CONTRIBUTION</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>6-26-2023</b>	Payee name <b>FREDA POWELL CAMPAIGN</b>		
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>509 N. HUBBES AMARILLO TX 79107</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CAMPAIGN CONTRIBUTION</b>	Description <b>CONTRIBUTION</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

HOWARD S. SMITH

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS


Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder