

# 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: right;">51</div>																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Ms</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%;">Claudette</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;">R</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Smith</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Ms	FIRST	Claudette	MI	R	NICKNAME		LAST	Smith	SUFFIX		<div style="text-align: center; border: 2px solid black; padding: 10px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <h2 style="margin: 0;">RECEIVED</h2> <p style="font-size: 1.2em; margin: 5px 0;">APR 02 2021</p> <p style="margin: 5px 0;"><b>CITY SECRETARY'S CITY OF AMARILLO</b></p> <p style="font-size: small;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:25%;">ADDRESS / PO BOX</td> <td style="width:25%;">APT / SUITE #</td> <td style="width:15%;">CITY</td> <td style="width:15%;">STATE</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>7306 SW 34th Ave,</td> <td>Ste 1 PMB 238</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Amarillo, TX</td> <td colspan="3">79121</td> </tr> </table> <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	7306 SW 34th Ave,	Ste 1 PMB 238				Amarillo, TX		79121							
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<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width:15%;">APT / SUITE #</td> <td style="width:20%;">CITY</td> <td style="width:10%;">STATE</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>7306 SW 34th Ave,</td> <td>Ste 1 PMB 238</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Amarillo, TX</td> <td colspan="3">79121</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	7306 SW 34th Ave,	Ste 1 PMB 238				Amarillo, TX		79121					
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<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:20%; vertical-align: top;"> <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC                 </td> <td style="width:80%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td></td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> <td>N/A</td> </tr> </table> </td> </tr> </table>			<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td></td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> <td>N/A</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> <td>N/A</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME		N/A	COMMITTEE ADDRESS	N/A	COMMITTEE CAMPAIGN TREASURER NAME	N/A	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A						
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<b>GO TO PAGE 2</b>																					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

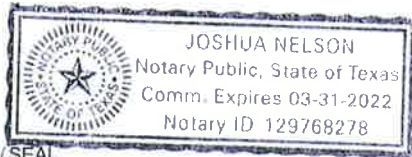
<b>15 C/OH NAME</b> Claudette R Smith		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 175.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,055.59
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,768.59
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,380.05
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,397.08

**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.

*Claudette R Smith*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Claudette Smith this the 1 day of April, 2021, to certify which, witness my hand and seal of office.

Joshua Nelson Joshua Nelson Texas Notary  
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

<b>19 FILER NAME</b> Claudette R Smith		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,799.59
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,256.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 9,392.05
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,768.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16
<b>2</b> FILER NAME Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/28/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruby Brox ..... <b>6</b> Contributor address; City; State; Zip Code 3020 SW 6th Ave. Amarillo, TX 79106	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 02/28/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Beard ..... <b>Contributor address;</b> City; State; Zip Code 950 Buena Vista Apt D6 Amarillo, TX 79106	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/14/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles D. Michael Jr. ..... <b>Contributor address;</b> City; State; Zip Code 3003 S. Monroe Amarillo, TX 79109	<b>Amount of contribution (\$)</b> \$200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/19/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick A. Looby ..... <b>Contributor address;</b> City; State; Zip Code P.O. Box 52290 Amarillo, TX 79159	<b>Amount of contribution (\$)</b> \$2,500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Gamboa 6 Contributor address; City; State; Zip Code 709 S. Polk Amarillo, TX 79101	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Carpenter Contributor address; City; State; Zip Code 5204 Hall Ave Amarillo, TX 79109	Amount of contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Word Contributor address; City; State; Zip Code 3514 NE 22nd Ave Amarillo, TX 79107	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Word Contributor address; City; State; Zip Code 3514 NE 22nd Ave Amarillo, TX 79107	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/01/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Chatten <b>6</b> Contributor address; City: State: Zip Code 8205 Santa Fe Trail Amarillo, TX 79110	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/05/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Trevizo <b>Contributor address;</b> City: State: Zip Code 4209 SE 30th Amarillo, TX 79103	<b>Amount of contribution (\$)</b> \$48.25
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/05/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Walker <b>Contributor address;</b> City: State: Zip Code 7000 Hansford Circle Amarillo, TX 79106	<b>Amount of contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/05/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cristina Luna <b>Contributor address;</b> City: State: Zip Code 2608 Watson Place Amarillo, TX 79110	<b>Amount of contribution (\$)</b> \$20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

16

2 FILER NAME

Ms Claudette R Smith

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/2021

5 Full name of contributor

Jill Strate

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$23.97

6 Contributor address:

City:

State:

Zip Code

2801 Shield Court Amarillo, TX 79110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/2021

Full name of contributor

James Wright

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$40.00

Contributor address:

City:

State:

Zip Code

110 Sunset Terrace Amarillo, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2021

Full name of contributor

Suzanne Morton

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25.00

Contributor address:

City:

State:

Zip Code

5520 SW 35th Ave Amarillo, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2021

Full name of contributor

Allysa Comp

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$5.00

Contributor address:

City:

State:

Zip Code

5310 Parker Amarillo, TX 79110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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<b>4</b> Date 03/04/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teresa Taylor <b>6</b> Contributor address; City: State: Zip Code 1555 Bell St Amarillo, TX 79106	<b>7</b> Amount of contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/04/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Dee LaGrone <b>Contributor address;</b> City: State: Zip Code 4219 Parker Amarillo, TX 79110	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/04/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Derik Owen <b>Contributor address;</b> City: State: Zip Code 6203 Bowery Amarillo, TX 79119	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/05/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Abbe Garrett <b>Contributor address;</b> City: State: Zip Code 5130 Arden Rd Amarillo, TX 79110	<b>Amount of contribution (\$)</b> \$20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16
<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/04/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Word ..... <b>6</b> Contributor address; City; State; Zip Code 3514 NE 22nd Ave Amarillo, TX 79107	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/02/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Gamboa ..... <b>Contributor address;</b> City; State; Zip Code 709 S Polk Amarillo, TX 79101	<b>Amount of contribution (\$)</b> \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/08/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Janette Kelley ..... <b>Contributor address;</b> City; State; Zip Code 817 S Prospect Amarillo, TX 79106	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/05/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ascension Rangel ..... <b>Contributor address;</b> City; State; Zip Code 4301 S Virginia Amarillo, TX 79109	<b>Amount of contribution (\$)</b> \$20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16
<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/07/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naomi Woodward <b>6</b> Contributor address; City; State; Zip Code 2916 Pittsburg St Amarillo, TX 79103	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/08/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Gonzalez <b>Contributor address;</b> City; State; Zip Code 3537 Barclay Dr Amarillo, TX 79109	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/08/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger or Lorna Hubbard <b>Contributor address;</b> City; State; Zip Code 7202 Mercury Trail Amarillo, TX 79118	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/09/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Miller <b>Contributor address;</b> City; State; Zip Code 6818 Zane Pl Amarillo, TX 79119	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16
<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/13/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joni Faulkner <b>6</b> Contributor address; City; State; Zip Code 6006 Hanson Rd Amarillo, TX 79106	<b>7</b> Amount of contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/14/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Botkin <b>Contributor address; City; State; Zip Code</b> 7010 Covenant Ln Amarillo, TX 79109	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/14/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Barron <b>Contributor address; City; State; Zip Code</b> 9600 Heritage Hills Pkwy Amarillo, TX 79119	<b>Amount of contribution (\$)</b> \$20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/31/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Gamboa <b>Contributor address; City; State; Zip Code</b> 709 S Polk Amarillo, TX 79101	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: 16
2 FILER NAME Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Shaw 6 Contributor address: City: State: Zip Code 926 W Colorado Ave Amarillo, TX 79105	7 Amount of contribution (\$) \$19.12
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Morton Contributor address: City: State: Zip Code 5520 SW 35th Ave Amarillo, TX 79109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus O'Neal Contributor address: City: State: Zip Code 7713 Lamount Amarillo, TX 79110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George and Angelenia Escamilla Contributor address: City: State: Zip Code 1526 SE 16th Ave Amarillo, TX 79102	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: 16
<b>2 FILER NAME</b> Ms Claudette R Smith		<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 03/08/2021	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Doyle or Bunny Leathers <b>6 Contributor address; City; State; Zip Code</b> 3500 Timber Dr Amarillo, TX 79121	<b>7 Amount of contribution (\$)</b> \$100.00
<b>8 Principal occupation / Job title</b> (See Instructions)		<b>9 Employer</b> (See Instructions)
<b>Date</b> 03/10/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) John Craig <b>Contributor address; City; State; Zip Code</b> 4839 W Farmers Ave Amarillo, TX 79110	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title</b> (See Instructions)		<b>Employer</b> (See Instructions)
<b>Date</b> 03/10/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sharon Whiteley <b>Contributor address; City; State; Zip Code</b> 4505 Greenwich Pl Amarillo, TX 79119	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title</b> (See Instructions)		<b>Employer</b> (See Instructions)
<b>Date</b> 03/10/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tommy & Mari Jean Walker <b>Contributor address; City; State; Zip Code</b> 4801 W Farmers Ave. Amarillo, TX 79110	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title</b> (See Instructions)		<b>Employer</b> (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: 16
2 FILER NAME Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ethan Long 6 Contributor address; City: State: Zip Code 7412 Imperial Dr Amarillo, TX 79121	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberly Everson Contributor address; City: State: Zip Code 4316 Gables St Amarillo, TX 79110	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenda Wilkins Contributor address; City: State: Zip Code 5412 Southside Dr Amarillo, TX 79109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruben Arias Contributor address; City: State: Zip Code 2115 South Fork Ave Amarillo, TX 79118	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: 16
2 FILER NAME  Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Michael Sennett & Diana Sennett 6 Contributor address; City; State; Zip Code 7700 London CT. Amarillo, TX 79119	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David & Josie Hunt Contributor address; City; State; Zip Code 102 Valencia Amarillo, TX 79118	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Smith Contributor address; City; State; Zip Code 329 North Shore Dr Amarillo, TX 79118	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debbie Swearingen Contributor address; City; State; Zip Code 5714 SW 38th Ave Amarillo, TX 79109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16
<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/13/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amber Zinck <b>6</b> Contributor address; City; State; Zip Code 1907 Pecos St - Apt A Amarillo, TX 79102	<b>7</b> Amount of contribution (\$) \$5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/13/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander Deanda <b>Contributor address;</b> City; State; Zip Code 4218 Aldredge Amarillo, TX 79118	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kassie Garrison <b>Contributor address;</b> City; State; Zip Code 3971 E Loop 335 N Amarillo, TX 79108	<b>Amount of contribution (\$)</b> \$150.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 16
<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/15/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jesse T PFrimer <b>6</b> Contributor address; City; State; Zip Code 5723 S Milam Amarillo, TX 79110	<b>7</b> Amount of contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/17/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Oscar Gamboa <b>Contributor address;</b> City; State; Zip Code 709 S Polk Amarillo, TX 79101	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/17/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Medford <b>Contributor address;</b> City; State; Zip Code 7008 Mosley St Amarillo, TX 79119	<b>Amount of contribution (\$)</b> \$48.25
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/17/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Amber Zinck <b>Contributor address;</b> City; State; Zip Code 1907 Pecos St - Apt A Amarillo, TX 79102	<b>Amount of contribution (\$)</b> \$20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: 16
2 FILER NAME Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Gamboa 6 Contributor address; City; State; Zip Code 709 S Polk Amarillo, TX 79101	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Morton Contributor address; City; State; Zip Code 5520 SW 35th Ave Amarillo, TX 79109	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Jone Nguyen Contributor address; City; State; Zip Code 2712 S Woodland St Amarillo, TX 79103	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angela Miller	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 2215 Fannin Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holly Snow Ward	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code Unknown		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Campbell	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 158 Winery Rd Amarillo, TX 79118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: 3	
2 FILER NAME Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 10,256.00	
5 Date 03/23/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drunken Oyster	8 Amount of Contribution \$ \$756.00	9 In-kind contribution description Food/Drinks/Room Rental
7 Contributor address; City; State; Zip Code 7606 SW 45th Ave #100, Amarillo, TX 79119		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Restaurant		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/01/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCF Management	Amount of Contribution \$ \$1,500.00	In-kind contribution description Office Rent
Contributor address; City; State; Zip Code 12851 I-27 Amarillo, TX 79119		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Entertainment		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 3	
<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 10,256.00	
<b>5</b> Date 03/01/2021	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCF Management	<b>8</b> Amount of Contribution \$ \$1,500.00	<b>9</b> In-kind contribution description Office Rent
<b>7</b> Contributor address: City; State; Zip Code 12851 I-27 Amarillo, TX 79119		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Entertainment		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 03/31/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MCF Management	<b>Amount of Contribution \$</b> \$1,500.00	<b>In-kind contribution description</b> Office Rent
<b>Contributor address:</b> City; State; Zip Code 12851 I-27 Amarillo, TX 79119		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 3	
<b>2</b> FILER NAME Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 10,256.00	
<b>5</b> Date 03/13/2021	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamboa Enterprises <b>7</b> Contributor address; City; State; Zip Code 709 S Polk Amarillo, TX 79101	<b>8</b> Amount of Contribution \$ \$2,500.00	<b>9</b> In-kind contribution description Campaign Event Venue Food & Drinks <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Event Venue		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 01/25/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher Enterprises <b>Contributor address;</b> City; State; Zip Code 12851 Interstate 27	<b>Amount of Contribution \$</b> \$2,500.00	<b>In-kind contribution description</b> Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 9
<b>2</b> FILER NAME  Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 01/22/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>9</b> Loan Amount (\$) \$100.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 03/12/2021	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>Loan Amount (\$)</b> \$342.28
<b>Is lender a financial institution?</b>  Y <input checked="" type="checkbox"/>	<b>Lender address; City; State; Zip Code</b> 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>Interest rate</b> 0%
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Self
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 9
<b>2</b> FILER NAME  Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 03/12/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>9</b> Loan Amount (\$) \$84.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 03/16/2021	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>Loan Amount (\$)</b> \$74.69
<b>Is lender a financial institution?</b>  Y <input checked="" type="checkbox"/>	<b>Lender address; City; State; Zip Code</b> 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>Interest rate</b> 0%
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Self
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 9
<b>2</b> FILER NAME  Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 03/15/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>9</b> Loan Amount (\$) \$250.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 03/17/2021	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>Loan Amount (\$)</b> \$300.00
<b>Is lender a financial institution?</b>  Y <input checked="" type="checkbox"/>	<b>Lender address; City; State; Zip Code</b> 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>Interest rate</b> 0%
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Self
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 9
<b>2</b> FILER NAME  Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 03/17/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>9</b> Loan Amount (\$) \$288.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 03/19/2021	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	<b>Loan Amount (\$)</b> \$500.00
<b>Is lender a financial institution?</b>  Y <input checked="" type="checkbox"/>	<b>Lender address; City; State; Zip Code</b> 12851 Interstate 27 Amarillo TX 79118	<b>Interest rate</b> 0%
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 9
<b>2</b> FILER NAME  Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 03/20/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Claudette Smith	<b>9</b> Loan Amount (\$) \$407.10
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 02/05/2021	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	<b>Loan Amount (\$)</b> \$5,000.00
<b>Is lender a financial Institution?</b>  Y <input checked="" type="checkbox"/>	<b>Lender address; City; State; Zip Code</b> 12851 Interstate 27 Amarillo Tx 79118	<b>Interest rate</b> 0%
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 9
<b>2</b> FILER NAME  Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 03/14/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	<b>9</b> Loan Amount (\$) \$650.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 12851 Interstate 27 Amarillo, TX 79118	<b>10</b> Interest rate 0 %
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b> 03/24/2021	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	<b>Loan Amount (\$)</b> \$352.00
<b>Is lender a financial institution?</b>  Y <input checked="" type="checkbox"/>	<b>Lender address; City; State; Zip Code</b> 12851 Interstate 27 Amarillo, TX 79118	<b>Interest rate</b> 0 %
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 9
2 FILER NAME  Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/20/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	9 Loan Amount (\$) \$200.00
6 Is lender a financial institution?  Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 12851 Interstate 27 Amarillo, TX 79118	10 Interest rate 0 %
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 03/25/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	Loan Amount (\$) \$60.00
Is lender a financial institution?  Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 12851 Insterstate 27 Amarillo, TX 79118	Interest rate 0 %
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 9
<b>2</b> FILER NAME  Ms Claudette R Smith		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 03/29/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	<b>9</b> Loan Amount (\$) \$160.00
<b>6</b> Is lender a financial institution?  Y <input checked="" type="checkbox"/>	<b>8</b> Lender address; City; State; Zip Code 12851 Interstate 27 Amarillo Texas 79118	<b>10</b> Interest rate 0 %
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan 02/01/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	Loan Amount (\$) \$325.62
Is lender a financial institution?  Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 12851 Interstate 27 Amarillo, Texas 79121	Interest rate 0 %
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (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.**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule E: 9
2 FILER NAME  Ms Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/06/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCF Management	9 Loan Amount (\$) \$298.36
6 Is lender a financial Institution?  Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 12851 Interstate 27 Amarillo, Texas 79118	10 Interest rate 0 %
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/01/2021	<b>5</b> Payee name Paypal	
<b>6</b> Amount (\$) \$3.75	<b>7</b> Payee address: City; State; Zip Code 1607 E McFadden Ave suite b, Santa Ana, CA 92705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Banking Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/24/2021	Payee name Cash App	
Amount (\$) \$5.00	Payee address: City; State; Zip Code 1455 Market St., Suite 600, San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Banking Fees
	<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 02/25/2021	Payee name Jimmy Signs	
Amount (\$) \$200.00	Payee address: City; State; Zip Code 158 Winery Rd Amarillo, TX 79118	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Media
	<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

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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/22/2021	<b>5</b> Payee name Jimmy Signs	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 158 Winery Rd Amarillo, TX 79118	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Print media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 02/26/2021	<b>Payee name</b> Pak A Sak #9	
<b>Amount (\$)</b> \$36.02	<b>Payee address; City; State; Zip Code</b> 6001 Coulter St S, Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Equipment & Related Exspense	<b>Description</b> Fuel for Deliveries
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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
<b>Date</b> 02/25/2021	<b>Payee name</b> Walmart	
<b>Amount (\$)</b> \$205.44	<b>Payee address; City; State; Zip Code</b> 4610 Coulter St S, Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	<b>Description</b> Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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

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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/22/2021	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$) \$154.94	<b>7</b> Payee address; City; State; Zip Code 4610 Coulter St S, Amarillo, TX 79119
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	<b>(b)</b> Description Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/01/2021	Payee name AGE Graphics
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Amount (\$) \$1,825.00	Payee address; City; State; Zip Code 52231 State Route 248, Long Bottom, OH 45743
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<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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Date 02/16/2021	Payee name The Sign Source
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Amount (\$) \$4,590.00	Payee address; City; State; Zip Code P.O. Box 251 Wellesley Island, NY 13640
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Media
	<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

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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/25/2021	<b>5</b> Payee name Ebay	
<b>6</b> Amount (\$) \$345.00	<b>7</b> Payee address; City; State; Zip Code 2145 Hamilton Avenue San Jose, California 95125	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Print Media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/05/2021	Payee name Paypal	
Amount (\$) \$1.72	Payee address; City; State; Zip Code 1607 E McFadden Ave suite b, Santa Ana, CA 92705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Banking Fees
	<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 03/03/2021	Payee name Pak A Sak #9	
Amount (\$) \$10.00	Payee address; City; State; Zip Code Sony	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Exspense	Description Fuel for deliveries
	<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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/03/2021	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$396.00	<b>7</b> Payee address; City: State: Zip Code 410 Terry Ave. North, Seattle, WA, 98109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	<b>(b)</b> Description Office Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 03/03/2021	<b>Payee name</b> Taylor Food Fuel	
<b>Amount (\$)</b> \$33.00	<b>Payee address; City: State: Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>Description</b> Fuel for Deliveries
	<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
<b>Date</b> 03/06/2021	<b>Payee name</b> Becca Acord	
<b>Amount (\$)</b> \$23.00	<b>Payee address; City: State: Zip Code</b> 17742 Laurie Ln Santa Ana, CA 92705	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Media Design
	<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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/22/2021	<b>5</b> Payee name City of Amarillo	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address: City; State; Zip Code 601 S Buchanan St, Amarillo, TX 79101	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Application for ballot placement
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/03/2021	Payee name Paypal	
Amount (\$) \$0.55	Payee address: City; State; Zip Code 1607 E McFadden Ave suite b, Santa Ana, CA 92705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Banking Fee
	<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 03/11/2021	Payee name Paypal	
Amount (\$) \$1.95	Payee address: City; State; Zip Code 1607 E McFadden Ave suite b, Santa Ana, CA 92705	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Banking Fee
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/12/2021	<b>5</b> Payee name Sir Speedy	
<b>6</b> Amount (\$) \$342.28	<b>7</b> Payee address; City; State; Zip Code 416 SW 8th Ave, Amarillo, Texas 79101	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Print Media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/11/2021	Payee name Pak A Sak	
Amount (\$) \$47.68	Payee address; City; State; Zip Code 4200 Soncy Rd, Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Fuel for Deliveries
	<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 03/12/2021	Payee name Unique Design	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 38 Greene St, New York, NY 10013	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Media Design
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/16/2021	<b>5</b> Payee name Pinnacle Printz LLC	
<b>6</b> Amount (\$) \$74.69	<b>7</b> Payee address; City; State; Zip Code PO Box 51804 Amarillo, TX 79159	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Print Media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/15/2021	Payee name Beckham Stanley	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 8725 Christopher Paul Dr Mechanicsville, VA 23111	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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 03/16/2021	Payee name Vista Print	
Amount (\$) \$273.20	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA, 02421-7942	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Media
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/16/2021	<b>5</b> Payee name Pak A Sak	
<b>6</b> Amount (\$) \$39.77	<b>7</b> Payee address; City; State; Zip Code 4200 Soncy Rd, Amarillo, TX 79119	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description Fuel For Deliveries
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/17/2021	Payee name Beckham Stanley	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 8725 Christopher Paul Dr Mechanicsville, VA 23111	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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 03/17/2021	Payee name Sir Speedy	
Amount (\$) \$288.00	Payee address; City; State; Zip Code 416 SW 8th Ave, Amarillo, Texas 79101	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Media
	<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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2021	<b>5</b> Payee name Paypal	
<b>6</b> Amount (\$) \$0.73	<b>7</b> Payee address; City; State; Zip Code 1607 E McFadden Ave suite b, Santa Ana, CA 92705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Banking Fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/19/2021	Payee name Pak A Sak	
Amount (\$) \$37.74	Payee address; City; State; Zip Code 4200 Soncy Rd, Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Fuel For Deliveries
	<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 03/19/2021	Payee name Brandt Fricker	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3438 Tripp Avenue, Amarillo, Texas 79121	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Media
	<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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2021	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) \$407.10	<b>7</b> Payee address: City: State: Zip Code 95 Hayden Ave, Lexington, MA, 02421-7942	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Print Media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/20/2020	Payee name USPS	
Amount (\$) \$220.00	Payee address; City: State: Zip Code 8301 W Amarillo Blvd, Amarillo, TX 79124	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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 03/20/2021	Payee name USPS	
Amount (\$) \$55.00	Payee address; City: State: Zip Code 8301 W Amarillo Blvd, Amarillo, TX 79124	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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

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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2021	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) \$51.48	<b>7</b> Payee address; City; State; Zip Code 4610 Coulter St S, Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	<b>(b)</b> Description Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 03/22/2021	<b>Payee name</b> USPS	
<b>Amount (\$)</b> \$275.00	<b>Payee address; City; State; Zip Code</b> 5000 S Western St, Amarillo, TX 79109	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Postage
	<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
<b>Date</b> 03/22/2021	<b>Payee name</b> Walmart	
<b>Amount (\$)</b> \$87.23	<b>Payee address; City; State; Zip Code</b> 4610 Coulter St S, Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	<b>Description</b> Supplies
	<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

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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/24/2021	<b>5</b> Payee name Pinnacle Printz LLC	
<b>6</b> Amount (\$) \$108.25	<b>7</b> Payee address; City; State; Zip Code PO Box 51804 Amarillo, Tx 79101	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Print Media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 03/25/2021	<b>Payee name</b> Beckham Stanley	
<b>Amount (\$)</b> \$300.00	<b>Payee address; City; State; Zip Code</b> 8725 Christopher Paul Dr Mechanicsville, VA 23111	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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
<b>Date</b> 03/25/2021	<b>Payee name</b> USPS	
<b>Amount (\$)</b> \$385.00	<b>Payee address; City; State; Zip Code</b> 8301 W Amarillo Blvd, Amarillo, TX 79124	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/26/2021	<b>5</b> Payee name United Supermarkets	
<b>6</b> Amount (\$) \$17.07	<b>7</b> Payee address; City: State: Zip Code 3552 S Soncy Rd, Amarillo, TX 79119	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Team Meeting
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/26/2021	Payee name Pak A Sak	
Amount (\$) \$35.02	Payee address; City: State: Zip Code 4200 Soncy Rd, Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Exspense	Description Fuel For Deliveries
	<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 03/28/2021	Payee name USPS	
Amount (\$) \$330.00	Payee address; City: State: Zip Code 8301 W Amarillo Blvd, Amarillo, TX 79124	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<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: 20	2 FILER NAME Ms Claudette R Smith	3 Filer ID (Ethics Commission Filers)
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4 Date 03/26/2021	5 Payee name Papa Johns Pizza
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6 Amount (\$) \$60.00	7 Payee address; 3415a Bell St Unit A, Amarillo, TX 79109	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Team Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/31/2021	Payee name Beckham Stanley
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Amount (\$) \$300.00	Payee address; 8725 Christopher Paul Dr Mechanicsville, VA 23111	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/14/2021	Payee name Amazon
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Amount (\$) \$650.00	Payee address; 410 Terry Ave. North, Seattle, WA, 98109	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/24/2021	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$352.00	<b>7</b> Payee address: City: State: Zip Code 410 Terry Ave. North, Seattle, WA, 98109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	<b>(b)</b> Description Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/20/2021	Payee name Fed Ex Office Online	
Amount (\$) \$200.00	Payee address: City: State: Zip Code 942 South Shady Grove Road, Memphis, TN 38120	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Media
	<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 03/25/2021	Payee name Sam's Club	
Amount (\$) \$60.00	Payee address: City: State: Zip Code 8952 westgate pkwy amarillo, TX 79124	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	Description Supplies
	<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.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/29/2021	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$160.00	<b>7</b> Payee address; City; State; Zip Code 8952 westgate pkwy amarillo, TX 79124	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead / Rental Expense	<b>(b)</b> Description Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/01/2021	Payee name Lowes Home Improvement	
Amount (\$) \$325.62	Payee address; City; State; Zip Code 5000 South Coulter St. Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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 03/06/2021	Payee name Lowes Home Improvement	
Amount (\$) \$298.36	Payee address; City; State; Zip Code 5000 South Coulter St. Amarillo, TX 79119	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies
	<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                         | Feos                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/05/2021	<b>5</b> Payee name Cefco	
<b>6</b> Amount (\$) \$70.00	<b>7</b> Payee address; City; State; Zip Code 3400 Coulter Amarillo, TX 79121	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description Fuel For Deliveries
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/17/2021	Payee name Cefco	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 3400 Coulter Amarillo, TX 79121	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Fuel For Deliveries
	<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 03/03/2021	Payee name Cefco	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 3400 Coulter Amarillo, TX 79121	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Fuel For Deliveries
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2021	<b>5</b> Payee name Cefco	
<b>6</b> Amount (\$) \$72.00	<b>7</b> Payee address; City: State: Zip Code 3400 Coulter Amarillo, TX 79121	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description Fuel For Deliveries
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 03/31/2021	<b>Payee name</b> Custom Buttons & More	
<b>Amount (\$)</b> \$100.00	<b>Payee address; City: State: Zip Code</b> 2917 S Fairfield Amarillo, TX 79103	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Print Media/Supplies
	<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
<b>Date</b> 03/30/2021	<b>Payee name</b> USPS	
<b>Amount (\$)</b> \$330.00	<b>Payee address; City: State: Zip Code</b> 8301 W Amarillo Blvd, Amarillo, TX 79124	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Postage
	<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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 20	<b>2</b> FILER NAME Ms. Claudette R Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/30/2021	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$165.00	<b>7</b> Payee address: City: State: Zip Code 8301 W Amarillo Blvd, Amarillo, TX 79124	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Postage
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED