CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 51
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST Claudette	M) R	OFFICE USE ONLY
IVAIVIL	NICKNAME	LAST Smith	SUFFIX	RECEIVED
4 CANDIDATE /	ADDRESS / PO BOX	APT / SUITE #;	CITY: STATE: ZIP CODE	1120211
OFFICEHOLDER MAILING ADDRESS		n Ave, Ste 1 PMB		APR 02 2021
Change of Address	Amarillo,	TX	79121	CITY SECRETARY'S
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806) 680-2	PHONE NUMBER	EXTENSION	CITY OF AMARILLO Date Hand-delivered or Date Postmarked
	110 11100 1110			Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	
NAME	Mr.	Arthur	**************************************	Date Processed
	NICKNAME	LAST	SUFFIX	
		Acord	*	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / S A Ave, Ste 1 PMB		STATE: ZIP CODE
(Residence or Business)	Amarillo,	TX	79121	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
THORE	(806) 283-3	6//		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	1/1/.	2021	THROUGH 3/31	/2021
	F. F. S.			
11 ELECTION	ELECTION DA		ELECTION TYP	E
	Month Day	Year Primary	Runoff Olher Description	
	5/1/2021	✓ General		
	J/ 1/2011			
12 OFFICE	DEGINE HELD (4)		12 DESIDE SOLICUT ISSUE	PATE
			Mayor	
	1		1	
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. <i>THESE EXPENDITURE</i>	ES MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT VDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
	COMMITTEE TYPE	N/A		
	GENERAL	COMMITTEE ADDRESS		
Additional Pages		N/A		
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME	
		N/A		
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS	
		N/A		
	Li .			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45.0/011.01045		
15 C/OH NAME Claudette	R Smith	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL UNITEMIZED POLITICAL TOTAL UNI	\$ 175.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,055.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,768.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,380.05
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,397.08
	Please complete either option below:	or Officeholder
(1) Affidavit NOTARY STAMP/SEAL	JOSHUA NELSON Notary Public, State of Texas Comm. Expires 03-31-2022 Notary ID 129768278	
Sworn to and subscribed	before me by Claudette Smith this the/	day of April.
20 <u>2021</u> , to certify	which, witness my hand and seal of office.	- • • • •
Signature of officer administer		Title of officer administering oath
(2) Unsworn Declaration	on on	
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(month)	
	(month)	, 20(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

FILER NAME	20 Filer ID (Ethics Commission Filers)
Claudette R Smith	
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CO	NTRIBUTIONS \$ 13,799.59
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 10,256.00
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
SCHEDULE E: LOANS	\$ 9,392.05
SCHEDULE F1: POLITICAL EXPENDITURE	ES MADE FROM POLITICAL CONTRIBUTIONS \$ 15,768.59
SCHEDULE F2: UNPAID INCURRED OBLIG	GATIONS \$ 0
SCHEDULE F3: PURCHASE OF INVESTM	MENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 0
SCHEDULE F4: EXPENDITURES MADE B	SY CREDIT CARD \$ 0
SCHEDULE G: POLITICAL EXPENDITURE	ES MADE FROM PERSONAL FUNDS \$ 0
SCHEDULE H: PAYMENT MADE FROM PO	DLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 0
SCHEDULE I: NON-POLITICAL EXPENDITU	IRES MADE FROM POLITICAL CONTRIBUTIONS \$ 0
SCHEDULE K: INTEREST, CREDITS, GAIN TO FILER	NS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 0
	Claudette R Smith SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CO SCHEDULE A2: NON-MONETARY (IN-KIND SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITUR SCHEDULE F2: UNPAID INCURRED OBLIG SCHEDULE F3: PURCHASE OF INVESTM SCHEDULE F4: EXPENDITURES MADE B SCHEDULE G: POLITICAL EXPENDITURE SCHEDULE H: PAYMENT MADE FROM PO SCHEDULE I: NON-POLITICAL EXPENDITURE SCHEDULE K: INTEREST, CREDITS, GAIL

SCHEDULE A1

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

	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Claudette R Smith		3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor Out-of-state PAC	(ID#)	7 Amount of contribution (\$)
2/28/2021	Ruby Brox		\$25.00
	6 Contributor address; City;		
	3020 SW 6th Ave. Amarillo, TX	79106	
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#	Amount of contribution (\$)
2/28/2021	Christopher Beard		\$100.00
	Contributor address; City;		
	950 Buena Vista Apt D6 Amarillo		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:	Amount of contribution (\$)
2/14/2021	Charles D. Michael Jr.		\$200.00
	Contributor address; City;		
	3003 S. Monroe Amarillo, TX 79	109	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	A require of grantification (ff)
2/19/2021	Rick A. Looby	(104)	Amount of contribution (\$) \$2,500.00
	Contributor address; City;	State; Zip Code	72,300.00
		,	
	P.O. Box 52290 Amarillo, TX 79	159	

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:
1110	matuction Struct explains now to complete this form.	16
FILER NAME		3 Filer ID (Ethics Commission Filers)
<i>\</i>	Ms Claudette R Smith	
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
2/23/2021	Oscar Gamboa	\$1,000.00
	6 Contributor address; City: State; Zip Co	
	709 S. Polk Amarillo, TX 79101	
Principal occu	pation / Job title (See Instructions) 9 Employer (S	iee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
2/24/2021	Anne Carpenter	\$35.00
	Contributor address; City; State; Zip C	
	5204 Hall Ave Amarillo, TX 79109	
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
)1/16/2021	Bobby Word	\$40.00
	Contributor address; City; State; Zip Co	
	3514 NE 22nd Ave Amarillo, TX 79107	
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor	
02/17/2021	Bobby Word	\$20.00
	Contributor address; City; State; Zip Co	
	3514 NE 22nd Ave Amarillo, TX 79107	
Principal occu	l	See Instructions)

SCHEDULE A1

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

ine	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	4s Claudette R Smith		
4 Date	5 Full name of contributor Dout-of-state PAG	(ID#	7 Amount of contribution (\$)
3/01/2021	Linda Chattin		\$25.00
0,01,0011	6 Contributor address; City;	State; Zip Code	423.00
	8205 Santa Fe Trail Amarillo, T		
B Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	otions)
Date	Full name of contributor	(ID4)	Amount of contribution (\$)
3/05/2021	Laura Trevizo		\$48.25
	Contributor address; City;		
	4209 SE 30th Amarillo, TX 7910)3	
Principal occu-	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
3/05/2021	Terry Walker		\$10.00
	Contributor address; City;		
	7000 Hansford Circle Amarillo,	TX 79106	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor Oul-of-state PAC	C (ID#)	Amount of contribution (\$)
03/05/2021	Cristina Luna		\$20.00
	Contributor address; City;	State; Zip Code	7 100 0 4 0 0
	2608 Watson Place Amarillo, TX		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
M	s Claudette R Smith			
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
03/04/2021	Jill Strate		\$23.97	
	6 Contributor address; City;	State; Zip Code		
	2801 Shield Court Amarillo, TX	79110		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)	
Date 03/04/2021	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
	110 Sunset Terrace Amarillo, TX	79106		
Principal occuş	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
03/04/2021	Suzanne Morton		\$25.00	
	Contributor address; City;			
	5520 SW 35th Ave Amarillo, TX	79109		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ptions)	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
03/04/2021	Allysa Comp		\$5.00	
		State; Zip Code		
	5310 Parker Amarillo, TX 79110			
Principal occu	pation / Job litle (See Instructions)	Employer (See Instruc	ctions)	

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

SCHEDULE A1

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
M	s Claudette R Smith	
4 Date	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)
3/04/2021	Teresa Taylor	\$5.00
	6 Contributor address; City: State:	Zip Code
	1555 Bell St Amarillo, TX 79106	
8 Principal occu	pation / Job title (See Instructions)	ployer (See Instructions)
		proyer (ede mendelloris)
Date	Full name of contributor	
3/04/2021	Dee LaGrone	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code
	4219 Parker Amarillo, TX 79110	
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor oul-of-state_PAC (ID#	Amount of contribution (\$)
3/04/2021	Derik Owen	\$100.00
	Contributor address; City; State	
	6203 Bowery Amarillo, TX 79119	
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
03/05/2021	Abbe Garrett	
		\$20.00
		. Zip Gode
	5130 Arden Rd Amarillo, TX 79110	
	pation / Job title (See Instructions) En	iployer (See Instructions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME M	s Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2021	Bobby Word	State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 03/02/2021	Full name of contributor out-of-state PAC Oscar Gamboa Contributor address; City; 709 S Polk Amarillo, TX 79101	State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/08/2021.	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	litions)
Date 03/05/2021	Ascension Rangel Contributor address; City:	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	l stions)
	ATTACH ADDITIONAL CODIES		

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SCHEDULE A1

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The	e Instruction Gulde explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
ľ	As Claudette R Smith		
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
3/07/2021	Naomi Woodward		\$25.00
	6 Contributor address; City;	State; Zip Code	1
	2916 Pittsburg St Amarillo, TX	79103	
Príncipal occ	upation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	Full name of contributor	(ID4)	Amount of contribution (\$)
3/08/2021	Eduardo Gonzalez		\$100.00
	Contributor address; City;	State Zip Code	
	3537 Barclay Dr Amarillo, TX 79	9109	
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	actions)
Date	Full name of contributor	(ID#	
3/08/2021	Roger or Lorna Hubbard	(167%)	Amount of contribution (\$) \$25.00
	Contributor address; City;		
	7202 Mercury Trail Amarillo, TX		
Del divide			
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC	(ID#:	Amount of contribution (\$)
3/09/2021	Mark Miller		\$100.00
	Contributor address; Clty;	State; Zip Code	
	6818 Zane Pl Amarillo, TX 7911	9	
Principal occupation / Job title (See Instructions)		Employer (See Instru	uctions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Revised 8/17/2020

SCHEDULE A1

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

### A Date S Full name of contributor out-of-state PAC (IDM 1/4/2021 Date Full name of contributor out-of-state PAC (IDM 1/4/2021 Date Full name of contributor out-of-state PAC (IDM 1/4/2021 Date Full name of contributor out-of-state PAC (IDM 1/4/2021 Date Full name of contributor out-of-state PAC (IDM 1/4/2021 Date Full name of contributor out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Date Pull name of contributor Out-of-state PAC (IDM 1/4/2021 Date Date	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Dete Full name of contributor out-of-state PAC (IDR S100.00	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Solution Solution	2	1s Claudette R Smith		
6 Contributor address: City: State: Zip Code 6006 Hanson Rd Amarillo, TX 79106 8 Principal occupation / Job title (See Instructions) Date Date Contributor address: City: State: Zip Code 7010 Covenant Ln Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Contributor address: City: State: Zip Code 9600 Heritage Hills Pkwy Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$20.00 Contributor address: City: State: Zip Code 9600 Accupation / Job title (See Instructions) Amount of contribution (\$) \$500.00 Contributor address: City: State: Zip Code 709 S Polk Amarillo, TX 79101	4 Date	5 Full name of contributor out-of-state PAC	: (ID#)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	1/13/2021	***************************************		\$100.00
Date Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Oscar Gamboa Contributor address; City: State: Zip Code Scar Gamboa Contributor address; City: State: Zip Code		6006 Hanson Rd Amarillo, TX 79	106	
Date Full name of contributor Contributor address; City: State: Zip Code Todo Contributor address; City: State: Zip Code Todo Covenant Ln Amarillo, TX Todo Todo Todo Todo Contributor Contrib	8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Contributor address: City: State: Zip Code 7010 Covenant Ln Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$20.00 Contributor address: City: State: Zip Code 9600 Heritage Hills Pkwy Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Contributor address: City: State: Zip Code 03/31/2021 Oscar Gamboa Contributor address: City: State: Zip Code 709 S Polk Amarillo, TX 79101	Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
Contributor address; City: State: Zip Code 7010 Covenant Ln Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 920.00 Contributor address: City: State; Zip Code 9600 Heritage Hills Pkwy Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 920.00 Contributor address: City: State; Zip Code 03/31/2021 Oscar Gamboa Contributor out-of-state PAC (IDR:	01/14/2021			\$50.00
Principal occupation / Job title (See Instructions) Date				
Date 01/14/2021 Full name of contributor		7010 Covenant Ln Amarillo, TX	79109	
Contributor address: City: State: Zip Code 9600 Heritage Hills Pkwy Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 03/31/2021 Contributor address: City: State: Zip Code 709 S Polk Amarillo, TX 79101	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Contributor address: City: State: Zip Code 9600 Heritage Hills Pkwy Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 03/31/2021 Oscar Gamboa Contributor address: City: State: Zip Code 709 S Polk Amarillo, TX 79101	Date	Full name of contributor out-of-state PAC] (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 9600 Heritage Hills Pkwy Amarillo, TX 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 03/31/2021 Contributor address; City: State; Zip Code 709 S Polk Amarillo, TX 79101	01/14/2021			\$20.00
Principal occupation / Job title (See Instructions) Date		The state of the s		
Date Full name of contributorout-of-state PAC (ID#:		9600 Heritage Hills Pkwy Amaril	110, TX 79119	
Oscar Gamboa \$500.00 Contributor address; City: State: Zip Code 709 S Polk Amarillo, TX 79101	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Contributor address; City; State; Zip Code 709 S Polk Amarillo, TX 79101	Date	Full name of contributor out-of-state_PAG	C (ID#:)	Amount of contribution (\$)
Contributor address; City: State; Zip Code 709 S Polk Amarillo, TX 79101	03/31/2021			\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		709 S Polk Amarillo, TX 79101		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)

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

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;
2 FILER NAME M	s Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2021	5 Full name of contributor ☐ out-of-state PAC Ben Shaw 6 Contributor address: City: 926 W Colorado Ave Amarillo, TX	State; Zip Code	7 Amount of contribution (\$) \$19.12
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 01/22/2021	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 02/27/2021	Full name of contributor out-of-state PAC Marcus O'Neal Contributor address; City: 7713 Lamount Amarillo, TX 7911	State; Zip Code	Amount of contribution (\$) \$250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/05/2021	George and Angelenia Escamilla Contributor address: City;	State: Zip Code	Amount of contribution (\$) \$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

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

14.7.1	
The Instruction Guide explains how to complete this form.	A1:
2 FILER NAME 3 Filer ID (Ethics Comm	mission Filers)
Ms Claudette R Smith	
4 Date 5 Full name of contributor Oul-of-state PAC (ID# 7 Amount of contribution)	ion (\$)
03/08/2021 Doyle or Bunny Leathers \$100.00	
6 Contributor address; City; State; Zip Code	
3500 Timber Dr Amarillo, TX 79121	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID# Amount of contribut	ion (\$)
03/10/2021 John Craig \$100.00	
Contributor address; City; State; Zip Code	
4839 W Farmers Ave Amarillo, TX 79110	
4000 W Talmels Ave Amarillo, in voils	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state_PAC (ID# Amount of contribution	tion (\$)
03/10/2021 Sharon Whiteley \$25.00	
Contributor address; City; State; Zip Code	
4505 Greenwich Pl Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributorout-of-state_PAC (ID#:) Amount of contribu	tion (\$)
03/10/2021 Tommy & Mari Jean Walker \$25.00	
Contributor address; City; State; Zip Code	
4801 W Farmers Ave. Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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:
2 FILER NAME	,		3 Filer ID (Ethics Commission Filers)
1	Ms Claudette R Smith		
4 Date	5 Full name of contributor	C (ID#	7 Amount of contribution (\$)
3/10/2021	Ethan Long		\$25.00
		State; Zìp Code	*
	7412 Imperial Dr Amarillo, TX	79121	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)
03/09/2021	Kimberly Everson		\$20.00
	Contributor address; City;		
	4316 Gables St Amarillo, TX 79	9110	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	1		
Date	Full name of contributor out-of-state PAG		Amount of contribution (\$)
Date	1	C (ID#:)	Amount of contribution (\$) \$100.00
Date	Full name of contributor 🔲 out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$100.00
	Full name of contributor 🔲 out-of-state PAG	C (ID#:) State: Zip Code	Amount of contribution (\$) \$100.00
Date 03/12/2021	Full name of contributorout-of-state PAG Glenda Wilkins Contributor address; City;	C (ID#:) State: Zip Code	Amount of contribution (\$) \$100.00
Date 03/12/2021	Full name of contributorout-of-state PAGGlenda Wilkins Contributor address: City: 5412 Southside Dr Amarillo, TX Upation / Job title (See Instructions)	State: Zip Code	Amount of contribution (\$) \$100.00
Date 03/12/2021 Principal occu	Full name of contributorout-of-state PAGGlenda Wilkins Contributor address: City: 5412 Southside Dr Amarillo, TX Upation / Job title (See Instructions)	State: Zip Code 79109 Employer (See Instru	Amount of contribution (\$) \$100.00
Date 03/12/2021 Principal occu	Full name of contributor	State: Zip Code 79109 Employer (See Instru	Amount of contribution (\$) \$100.00 Amount of contribution (\$)
Date 03/12/2021 Principal occu	Full name of contributor	State: Zip Code 79109 Employer (See Instru	Amount of contribution (\$) \$100.00 Amount of contribution (\$)
Date 03/12/2021 Principal occu	Full name of contributor	State: Zip Code 79109 Employer (See Instru	Amount of contribution (\$) \$100.00 Amount of contribution (\$) \$100.00

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

SCHEDULE A1

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

Instruction Guide explains how to complete this	forme	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
s Claudette R Smith		
5 Full name of contributor oul-of-state PAC	(ID4	7 Amount of contribution (\$)
6 Contributor address; City:	State; Zip Code	\$500.00
7700 London CT. Amarillo, TX	79119	
pation / Job tille (See Instructions)	9 Employer (See Instruc	tions)
	(ID#:)	Amount of contribution (\$)
		\$500.00
	State; Zip Code	
102 Valencia Amarillo, TX 7911	1.8	
ation / Job title (See Instructions)	Employer (See Instruc	tions)
Michael Smith Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$1,000.00
pation / Job title (See Instructions)	Employer (See Instruc	tions)
Full name of contributor	(ID#	Amount of contribution (\$)
Debbie Swearingen Contributor address; City;		\$50.00
pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		ctions)
	S Claudette R Smith 5 Full name of contributor	5 Full name of contributor

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:
FILER NAME			3 Filer ID (Ethics Commission Filers)
M	As Claudette R Smith		
4 Date	5 Full name of contributor oul-of-state PAC	(ID#)	7 Amount of contribution (\$)
3/13/2021	Amber Zinck		\$5.00
	6 Contributor address; City;	State; Zip Code	
	1907 Pecos St - Apt A Amarillo	,	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	lions)
Î	<u> </u>		,
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/13/2021	Alexander Deanda		\$50,00
	Contributor address; City;	State; Zip Code	
	4218 Aldredge Amarillo,		
	Analilio,	17 19110	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)
3/12/2021	Kassie Garrison		\$150.00
	Contributor address; City;		
	3971 E Loop 335 N Amarillo, TX	79108	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state_PAG	(ID#)	Amount of contribution (\$)
		State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	otions)

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Revised 8/17/2020

SCHEDULE A1

1110	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
M	s Claudette R Smith		
4 Date	5 Full name of contributor out-of-state_PAC	(1D#)	7 Amount of contribution (\$)
3/15/2021	Jesse T PFrimmer		\$200.00
	6 Contributor address; City;	State; Zip Code	
	5723 S Milam Amarillo, TX 79110	0	
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ictions)
Date	Full name of contributor	(ID#	Amount of contribution (\$)
3/17/2021	Oscar Gamboa		\$500.00
	Contributor address; City;		•
	709 S Polk Amarillo, TX 79101		
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	octions)
Date	Full name of contributor out-of-state PAC	(ID#:	Amount of contribution (\$)
	Jean Medford		Amount of contribution (\$) \$48.25
	Jean Medford	********************	\$48.25
	Jean Medford	State; Zip Code	\$48.25
3/17/2021	Jean Medford Contributor address; City:	State; Zip Code	\$48.25
3/17/2021	Jean Medford Contributor address; City: 7008 Mosley St Amarillo, TX 79 pation / Job title (See Instructions)	State; Zip Code	\$48.25
3/17/2021 Principal occu	Jean Medford Contributor address; City: 7008 Mosley St Amarillo, TX 79 pation / Job title (See Instructions) Full name of contributor	State; Zip Code 119 Employer (See Instru	\$48.25 Ductions) Amount of contribution (\$) \$20.00
3/17/2021 Principal occu	Jean Medford Contributor address; City: 7008 Mosley St Amarillo, TX 79 pation / Job title (See Instructions) Full name of contributor □ out-of-state PAC	State; Zip Code 119 Employer (See Instru	\$48.25 Ductions) Amount of contribution (\$) \$20.00
3/17/2021 Principal occu	Jean Medford Contributor address; City: 7008 Mosley St Amarillo, TX 79 pation / Job title (See Instructions) Full name of contributor out-of-state PAC Amber Zinck	State; Zip Code 119 Employer (See Instru (ID#	\$48.25 Ductions) Amount of contribution (\$) \$20.00

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

SCHEDULE A1

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

## Claudette R Smith ## Date 5 Full name of contributor	Ms Claudette R Smith Date 5 Full name of contributor		Instruction Guide explains how to complete this	form	1 Total pages Schedule A1;
Social Pack	Solution	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Oscar Gamboa S500.00 State: Zip Code T09 S Polk Amarillo, TX 79101 State: Zip Code T09 S Polk Amarillo, TX 79101 State: Zip Code T09 S Polk Amarillo, TX 79101 State: Zip Code T09 S Polk Amarillo, TX 79101 State: Zip Code Suzanne Morton Suzanne Morton Suzanne Morton Suzanne Morton State: Zip Code S520 SW 35th Ave Amarillo, TX 79109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Suzanne Morton Suz	Oscar Gamboa S500.00 S500.00 S500.00 S500.00 State: Zip Code		4s Claudette R Smith		
6 Contributor address; City: State: Zip Code 709 S Polk Amarillo, TX 79101 8 Principal occupation / Job title (See Instructions) Date Full name of contributor	6 Contributor address: City: State: Zip Code 70 9 S Polk Amarillo, TX 79101 8 Principal occupation / Job title (See Instructions) Date Full name of contributor	4 Date 3/23/2021		(ID#:)	
Date 3/20/2021 Full name of contributor Contributor address; City: State: Zip Code S25.00 Principal occupation / Job title (See Instructions) Date 3/20/2021 Full name of contributor Contributor address; City: State: Zip Code S520 SW 35th Ave Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Date 3/20/2021 Jennifer Jone Nguyen Contributor address; City: State: Zip Code S20.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) S500.00 Amount of contribution (\$) S500.00 Amount of contribution (\$) S500.00	Date Size Full name of contributor Contr	0,20,202.			4500.00
Date Suzanne Morton Contributor address; Size Instructions Principal occupation / Job title (See Instructions) Date 3/20/2021 Full name of contributor Contributor address; Size Instructions Employer (See Instructions) Amount of contribution (\$) Size Instructions Employer (See Instructions) Amount of contribution (\$) Size Instructions Principal occupation / Job title (See Instructions) Date Contributor address; City: Size: Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Size Instructions	Date Suzanne Morton Contributor address; Size Instructions Principal occupation / Job title (See Instructions) Date 3/20/2021 Full name of contributor Contributor address; Size Instructions Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Date Contributor address; City: State: Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Jack Tolbert Contributor address; City: State: Zip Code 3509 Patterson Dr. Amarillo, TX 79109		709 S Polk Amarillo, TX 79101		
3/18/2021 Suzanne Morton Contributor address; City; State: Zip Code 5520 SW 35th Ave Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 3/20/2021 Jennifer Jone Nguyen: Contributor address; City; State: Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Contributor address; City; State: Zip Code 3/15/2021 Jack Tolbert Contributor address; City; State: Zip Code 3509 Patterson Dr. Amarillo, TX 79109	3/18/2021 Suzanne Morton \$25.00 Contributor address; City; State; Zip Code \$5520 SW 35th Ave Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Pate 3/20/2021 Jennifer Jone Nguyen: \$20.00 Contributor address; City; State; Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$20.00 Contributor address; City; State; Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code 3715/2021 Jack Tolbert 5500.00	8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Suzanne Morton \$25.00	Suzanne Morton \$25.00	Date	Full name of contributor	(1D#:)	Amount of contribution (\$)
Contributor address; City: State: Zip Code 5520 SW 35th Ave Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/20/2021 Jennifer Jone Nguyen Contributor address; City: State: Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/15/2021 Jack Tolbert Contributor address; City: State: Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Contributor address; City; State: Zip Code 5520 SW 35th Ave Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 520.00 Contributor address; City; State: Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 520.00 Amount of contribution (\$) 520.00 Amount of contribution (\$) 520.00	3/18/2021			
Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$)	Principal occupation / Job title (See Instructions) Employer (See Instructions) Pull name of contributor		1 6 10 1 1		
Date 3/20/2021	Date 3/20/2021		5520 SW 35th Ave Amarillo, TX	79109	
Jennifer Jone Nguyen Contributor address; City; State; Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Jennifer Jone Nguyen Contributor address; City; State; Zlp Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/15/2021 Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr., Amarillo, TX 79109	Contributor address; City; State; Zip Code 2712 S Woodland St Amarillo, TX 79103 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/15/2021 Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109			(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/15/2021 Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr., Amarillo, TX 79109	Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 3/15/2021 Jack Tolbert Contributor address; City: State; Zip Code 3509 Patterson Dr., Amarillo, TX 79109	J/ 2.0/ 2021			\$20.00
Date Full name of contributor Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109 Amount of contribution (\$) \$500.00	Date Full name of contributor 3/15/2021 Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109 Amount of contribution (\$) \$500.00		2712 S Woodland St Amarillo, TX	79103	
3/15/2021 Jack Tolbert \$500.00 Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	3/15/2021 Jack Tolbert Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etions)
Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	Contributor address; City; State; Zip Code 3509 Patterson Dr. Amarillo, TX 79109	3/15/2021			 \$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)		3509 Patterson Dr. Amarillo, T.	X 79109	
		Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	otions)

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

SCHEDULE A1

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:
2 FILER NAME	s Claudette R Smith		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2021	5 Full name of contributor out-of-state PAC Angela Miller 6 Contributor address: City: 2215 Fannin Amarillo, TX 79109	State; Zip Code	7 Amount of contribution (\$) \$20.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	dions)
Date 03/20/2021	Full name of contributor out-of-state PAC Holly Snow Ward Contributor address; City; Unknown		Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/01/2021	Full name of contributor out-of-state PAC Jim Campbell Contributor address; Clty; 158 Winery Rd Amarillo, TX 791	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	stions)
Date	***************************************	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)

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.

The Instruction Guide explains how to complete this fo	Tm. 1 Total pages Schedule A2:
2 FILER NAME Ms Claudette R Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	BUTIONS \$ 10,256.00
5 Date 6 Full name of contributorout-of-state PAC (ID#:	Contribution \$ description \$756.00 Food/Drinks/Room Rental 79119 Check if travel outside of Texas, Complete Schedule
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 Full name of contributor out-of-state PAC (ID#:) 22/01/2021 MCF Management Contributor address; City; State; 12851 I-27 Amarillo, TX 79119	Contribution \$ description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions Entertainment	
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)	

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.

orm.	4. Tatal manage Caba	
orm.	1 Total pages Sched	tule A2:
	3 Filer ID (Ethics Co	ommission Filers)
RIBUTIONS	\$ 10,256.00	
Zip Code	Check if travel outs	9 In-kind contribution description Office Rent l l ide of Texas, Complete Schedule T,
	_	In-kind contribution description Office Rent
Employ		
Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Law firr	m of contributor's spot	ise (if any) (FOR JUDICIAL)
	13 Contribution 15 Law firm Zip Code Employ Contribution Law firm	RIBUTIONS \$ 10,256.00 8 Amount of Contribution \$ \$1,500.00 Zip Code Check if travel outs 13 Contributor's job title (FOR JUL) 15 Law firm of contributor's spoud Amount of Contribution \$ \$1,500.00 Zip Code Check if travel outs

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.

TH	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2:
2 FILER NAM	E Claudette R Smith		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 10,256.00	
	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Check if travel outs	9 In-kind contribution description Campaign Event Venue Food & Drinks I Drinks Campaign Complete Schedule T. AL)(See Instructions)
Event Ver	*	11 Cmploye	II (1 OK 14014-30BICI	AL/(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/25/2021	Full name of contributor			In-kind contribution description Wesbsite Indicate of Texas, Complete Schedule Technology
Principal occ	Eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	1 —	IAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			ig requirements.

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Revised 8/17/2020

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 9
2 FILER NAME	s Claudette R Sm	iith	3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 01/22/2021	7 Name of lender out-of-state Claudette Smith	PAC (ID#)	9 Loan Amount (\$) \$100.00
Is lender a financial Institution?	8 Lender address; City; 7306 SW 34th Ave, Ste 1 PMB	State; Zip Code	10 Interest rate
Y			TT Waturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State: Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
03/12/2021			\$342.28
Is lender a financial Institution?	Lender address; City; 7306 SW 34th Ave, Ste 1 PMB	State; Zip Code 238 Ama, TX 79121	Interest rate
Y			Maturity date
Principal occupati Owner	on / Job title (See Instructions)	Employer (See Instructions) Self	
Description of Coll	lateral	Check if personal fur account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	•	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	EDED

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 NO	i include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	s Claudette R Sm	ith	3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS	2.01	\$
5 Date of loan	7 Name of lender	PAC (ID#)	9 Loan Amount (\$)
03/12/2021	Claudette Smith		\$84.00
6 Is lender a financial Institution?	8 Lender address; City; 7306 SW 34th Ave, Ste 1 PMB	State; Zip Code	10 Interest rate ୦%
Y V		550 I.May 171 73121	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
Owner		Self	
14 Description of Coll	lateral	Check if personal fun account (See Instruc	ds were deposited into political tlons)
16 GUARANTOR INFORMATION	17 Name of guarantor	•	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
03/16/2021	Claudette Smith		\$74.69
Is lender a financial	Lender address; City:	State; Zip Code	Interest rate
Institution?	7306 SW 34th Ave, Ste 1 PMB	238 Ama, 1X /9121	Maturity date
Principal occupati Owner	on / Job title (See Instructions)	Employer (See Instructions) Self	
Description of Col	lateral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
		Employer (See Instructions)	-

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requeste			
The	1 Total pages Schedule E:		
FILER NAME		3 Filer ID (Ethics Commission Filers	
M.			
TOTAL OF U	\$		
Date of loan	7 Name of lender out-of-state	9 Loan Amount (\$)	
03/15/2021			\$250.00
Is lender a financial Institution? 8 Lender address; City; State; Zip Code 7306 SW 34th Ave, Ste 1 PMB 238 Ama, TX 79121			10 Interest rate ਹਵੇ
Y		,	11 Maturity date
2 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions) Self	1
4 Description of Co	llateral	Check if personal fur account (See Instruc	nds were deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
IN ORWANON	18 Guarantor address; City;		
not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
not applicable	18 Guarantor address; City;	State; Zip Code	Loan Amount (\$)
not applicable Principal Occupa	18 Guarantor address; City; ation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:	
o Principal Occupa Date of loan 03/17/2021 Is lender a financial	18 Guarantor address; City; ation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code	Loan Amount (\$)
not applicable Principal Occupa Date of loan 03/17/2021 Is lender	18 Guarantor address; City; ation (See Instructions) Name of lender out-of-state Claudette Smith	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code	Loan Amount (\$) \$300.00 Interest rate
Date of loan 03/17/2021 Is lender a financial Institution?	18 Guarantor address; City; ation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code	Loan Amount (\$) \$300.00 Interest rate
Date of loan 03/17/2021 Is lender a financial Institution? Y Principal occupat	Name of lender out-of-state Claudette Smith Lender address; City: 7306 SW 34th Ave, Ste 1 PMB	State; Zip Code 21 Employer (See Instructions) PAC (ID#:	Loan Amount (\$) \$300.00 Interest rate 0% Maturity date
Date of loan 03/17/2021 Is lender a financial Institution? Y Principal occupations Principal occupation of Co	Name of lender out-of-state Claudette Smith Lender address; City: 7306 SW 34th Ave, Ste 1 PMB	State; Zip Code 21 Employer (See Instructions) PAC (ID#:	Loan Amount (\$) \$300.00 Interest rate 0% Maturity date
Date of loan 03/17/2021 Is lender a financial Institution? Y Principal occupation Description of Co Mone GUARANTOR	Name of lender out-of-state Claudette Smith Lender address; City: 7306 SW 34th Ave, Ste 1 PMB Lion / Job title (See Instructions) Claudetral Name of guarantor Guarantor address; City;	State; Zip Code 21 Employer (See Instructions) PAC (ID#:	Loan Amount (\$) \$300.00 Interest rate 0% Maturity date ands were deposited into political etions)

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LOANS SCHEDULE E

If the requested	I information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
? FILER NAME	3 Filer ID (Ethics Commission Filers)		
Ms			
TOTAL OF UN	IITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state R	9 Loan Amount (\$)	
03/17/2021	Claudette Smith		\$288.00
Is lender a financial Institution?	8 Lender address; City; 7306 SW 34th Ave, Ste 1 PMB	State; Zip Code	10 Interest rate 0 * 11 Maturity date
Y			TT Waterity date
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
4 Description of Coll	ateral	Check if personal fun account (See Instruc	ids were deposited into political
6 GUARANTOR INFORMATION INFORMATION	17 Name of guarantor18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#))	Loan Amount (\$)
03/19/2021	MCF Management		\$500.00
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	12851 Interstate 27 Amarillo	79118	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	7.5
lf lo	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

LOANS

SCHEDULE E

If the requested	f information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
M	s Claudette R Sm		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state i	9 Loan Amount (\$)	
03/20/2021	Claudette Smith		\$407.10
6 Is lender a financial Institution?	8 Lender address; City; 7306 SW 34th Ave, Ste 1 PMB	10 Interest rate 0 គ 11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	40
Owner		Self	
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
02/05/2021	MCF Management		\$5,000.00
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate 0 %
Y	12851 Interstate 27 Amarillo	1x /9118	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Call	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	-
If Id	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE	

LOANS

SCHEDULE E

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

	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-				a Filer to (Ethics Commission Filers)
_	M5	s Claudette R Smi	ith	
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender Out-of-state P.	AC (ID#:)	9 Loan Amount (\$)
	03/14/2021	MCF Management		\$650.00
6	ls lender	8 Lender address; City;	State, Zip Code	10 Interest rate
	a financial Institution?	12851 Interstate 27 Amarillo,		0 %
	Y 11/	redor mediocace as smarring	, 11 - 5115	11 Maturity date
	Y •			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	15	
	none		Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	4	To Cadianto address; Ony,	State, Zip Sout	
	not applicable			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
	03/24/2021	MCF Management		\$352.00
	Is lender	Lender address; City;	State; Zip Code	Interest rate
	a financial			0 %
	Institution?	12851 Interstate 27 Amarillo	, TX 79118	Maturity date
	Υ •			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
_	Description of Coll	ateral	0) 1 7	
	none		account (See Instruct	ds were deposited into political tions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupat	ion (See Instructions)	Employer (See Instructions)	1
=				
		ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE	EDED
	If Is	ender is out-of-state PAC, please see Ins	struction quide for additional re	anartina requirements

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Revised 8/17/2020

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E **LOANS**

				1 Total pages Schedule E:
The	Instruction Guide explains	how to compl	ete this form.	9
FILER NAME				3 Filer ID (Ethics Commission Filers
				3 The Talline California in the California
M:	s Claudette	R Sm	ith	
TOTAL OF UN	\$			
Date of loan	7 Name of lender	9 Loan Amount (\$)		
03/29/2021	MCF Management	\$160.00		
ls lender		City;	State; Zip Code	10 Interest rate
a financial Institution?	12851 Interstate 2			0 %
Y	12031 Inderstate 2	· · · · · · · · · · · · · · · · · · ·	10114, 73440	11 Maturity date
Principal occupati	Job title (See Instructions	s)	13 Employer (See Instruction	s)
Description of Col	lateral		15 Charle if correspond	funds were deposited into political
none			account (See Ins	funds were deposited into political tructions)
GUARANTOR	17 Name of guarantor			19 Amount Guaranteed (\$)
INFORMATION				
	18 Guarantor address;	City;		
		OILY,	State; Zip Code	
not applicable		Oity,	State; Zip Code	
not applicable		Oity,		
	tion (See Instructions)		21 Employer (See Instruction	
		Gity,		
Principal Occupa	tion (See Instructions) Name of lender MCF Management	out-of-state	21 Employer (See Instruction	Loan Amount (\$) \$325.62
Principal Occupa	tion (See Instructions) Name of lender MCF Management	out-of-state	21 Employer (See Instruction	Loan Amount (\$) \$325.62
Date of loan 02/01/2021 Is lender a financial	tion (See Instructions) Name of lender MCF Management Lender address;	out-of-state	21 Employer (See Instruction PAC (ID#:	Loan Amount (\$) \$325.62
Principal Occupa Date of loan 02/01/2021 Is lender	tion (See Instructions) Name of lender MCF Management	out-of-state	21 Employer (See Instruction PAC (ID#:	Loan Amount (\$) \$325.62 Interest rate
Date of loan 02/01/2021 Is lender a financial Institution?	tion (See Instructions) Name of lender MCF Management Lender address;	□ out-of-state City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#:	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date
Date of loan 02/01/2021 Is lender a financial Institution?	Name of lender MCF Management Lender address; 12851 Interstate 2	□ out-of-state City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#:	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date
Date of loan 02/01/2021 Is lender a financial Institution?	Name of lender MCF Management Lender address; 12851 Interstate 2	□ out-of-state City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#: State; Zip Code), Texas 79121 Employer (See Instruction	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date
Date of loan 02/01/2021 Is lender a financial Institution? Y Principal occupation	Name of lender MCF Management Lender address; 12851 Interstate 2	□ out-of-state City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#: State; Zip Code), Texas 79121 Employer (See Instruction	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date I funds were deposited into political
Date of loan 02/01/2021 Is lender a financial Institution? Y Principal occupation	Name of lender MCF Management Lender address; 12851 Interstate 2	□ out-of-state City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#: State; Zip Code 79121 Employer (See Instruction Check if persona	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date I funds were deposited into political
Date of loan 02/01/2021 Is lender a financial Institution? Y Principal occupation of Color Inone GUARANTOR	Name of lender MCF Management Lender address; 12851 Interstate 2	City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#: State; Zip Code 79121 Employer (See Instruction Check if personal account (See Instruction)	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date I funds were deposited into political structions) Amount Guaranteed (\$)
Date of loan 02/01/2021 Is lender a financial Institution? Y Principal occupation of Color Inone GUARANTOR INFORMATION	Name of lender MCF Management Lender address; 12851 Interstate 2 Ion / Job title (See Instruction	□ out-of-state City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#: State; Zip Code 79121 Employer (See Instruction Check if persona	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date I funds were deposited into political structions) Amount Guaranteed (\$)
Date of loan 02/01/2021 Is lender a financial Institution? Y Principal occupation of Color Inone GUARANTOR	Name of lender MCF Management Lender address; 12851 Interstate 2 Ion / Job title (See Instruction	City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#: State; Zip Code 79121 Employer (See Instruction Check if personal account (See Instruction)	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date I funds were deposited into political structions) Amount Guaranteed (\$)
Date of loan 02/01/2021 Is lender a financial Institution? Y Principal occupation Description of Color Inone GUARANTOR INFORMATION not applicable	Name of lender MCF Management Lender address; 12851 Interstate 2 Ion / Job title (See Instruction	City; ?7 Amarillo	21 Employer (See Instruction PAC (ID#: State; Zip Code 79121 Employer (See Instruction Check if personal account (See Instruction)	Loan Amount (\$) \$325.62 Interest rate 0 % Maturity date If funds were deposited into political structions) Amount Guaranteed (\$)

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

The	Instruction Guide explains h	ow to complete	this form.	1 Total pages Schedule E;
FILER NAME	3 Filer ID (Ethics Commission Filers)			
М	s Claudette			
TOTAL OF UN	NITEMIZED LOANS			\$
Date of loan	7 Name of lender out-of-state PAC (ID#:)			9 Loan Amount (\$)
03/06/2021	MCF Management			\$298.36
Is lender a financial Institution?	8 Lender address; 12851 Interstate 27	City;	State; Zip Code	10 Interest rate
Y	12051 Interstate 27	Amari 110,	Texas /9116	11 Maturity date
2 Principal occupati	on / Job title (See Instructions)	1	3 Employer (See Instructions)
Description of Col	lateral	15	Check if personal is account (See Instr	funds were deposited into political ructions)
GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	ETEKKENELESEK EN KOMBERKER (* 1880)	0.0000000000000000000000000000000000000	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	x+9. •
not applicable	18 Guarantor address;	City;	State; Zip Code	
			State; Zip Code 1 Employer (See Instructions	(x)
		2		
Date of loan Is lender a financial	tion (See Instructions)	Out-of-state PAC	1 Employer (See Instructions	Lana Arana (M)
Date of loan Is lender	tion (See Instructions) Name of lender	out-of-state PAG	1 Employer (See Instructions	Loan Amount (\$)
Date of loan Is lender a financial Institution? Y N	tion (See Instructions) Name of lender	out-of-state PAC	1 Employer (See Instructions	Loan Amount (\$) Interest rate Maturity date
Date of loan Is lender a financial Institution? Y N	tion (See Instructions) Name of lender Lender address; ion / Job title (See Instructions)	out-of-state PAC	1 Employer (See Instructions C (ID#:) State: Zip Code Employer (See Instructions	Loan Amount (\$) Interest rate Maturity date S) funds were deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupat	tion (See Instructions) Name of lender Lender address; ion / Job title (See Instructions)	out-of-state PAC	1 Employer (See Instructions C(ID#) State: Zip Code Employer (See Instructions	Loan Amount (\$) Interest rate Maturity date S) funds were deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupat Description of Col none GUARANTOR INFORMATION	Name of lender Lender address; ion / Job title (See Instructions) lateral Name of guarantor Guarantor address;	out-of-state PAC	1 Employer (See Instructions C (ID#:) State: Zip Code Employer (See Instructions Check if personal account (See Inst	Loan Amount (\$) Interest rate Maturity date s) funds were deposited into political ructions)
Date of loan Is lender a financial Institution? Y N Principal occupat Description of Col none GUARANTOR INFORMATION	Name of lender Lender address; ion / Job title (See Instructions) lateral Name of guarantor Guarantor address;	Dut-of-state PAC	1 Employer (See Instructions C (ID#:) State: Zip Code Employer (See Instructions Check if personal account (See Inst	Loan Amount (\$) Interest rate Maturity date funds were deposited into political ructions) Amount Guaranteed (\$)

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1: 20	2 FILER NAME Claudette R Smith		3 Filer ID (Ethics Commission Filers)
Date 03/01/2021	5 Payee name Paypal		
Amount (\$)	7 Payee address:	City;	State; Zip Code
\$3.75	1607 E McFadden Ave suite b, Sant	ta Ana, CA 9270	5
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Fees	Declaration Dec	
OF EXPENDITURE		Banking Fees	
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austin	. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/24/2021	Cash App		
Amount (\$)	Payee address;	City;	State; Zip Code
\$5.00	1455 Market St., Suite 600, San 1	Francisco, CA 9	4103
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Banking Fees	
	Check if travel outside of Texas, Complete Schedule T _* .	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/25/2021	Jimmy Signs		
Amount (\$)	Payee address;	City:	State; Zip Code
\$200.00	158 Winery Rd Amarillo, TX 79	118	
	Category (See Calegories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Print Media	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
	4		

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/Officehotder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repaymont/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

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	-	pense 'ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1: 20	2 FILER NAME Claudette R Smith		3 Filer ID (Ethics Commission Filers
1 Date	5 Payee name		
02/22/2021	Jimmy Signs		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$40.00	158 Winery Rd Amarillo, TX 791	18	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE		Print media	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/26/2021	Pak A Sak #9		
Amount (\$)	Payee address;	City;	State; Zip Code
\$36.02	6001 Coulter St S, Amarillo, TX 7	9119	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Exspense	Fuel for Deli	everies
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
02/25/2021	Walmart		
Amount (\$)	Payee address;	City;	State; Zip Code
\$205.44	4610 Coulter St S, Amarillo, TX 7	9119	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Supplies	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Claudette Smith 4 Date 5 Payee name 02/22/2021 Walmart 6 Amount (\$) 7 Payee address; City; State; Zip Code \$154.94 4610 Coulter St S, Amarillo, TX 79119 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Office Overhead / Rental Expense **PURPOSE** Supplies **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/01/2021 AGE Graphics Zip Code Amount (\$) Payee address; City: State: \$1,825.00 52231 State Route 248, Long Bottom, OH 45743 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Signs EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 02/16/2021 The Sign Source Amount (\$) Pavee address: City: State: Zip Code \$4,590.00 P.O. Box 251 Wellesley Island, NY 13640 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Media OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Advertising Expense		EXPENDITURE CA		ment/Reimbursement				
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committ Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	ees Office Over Polling Exp Printing Exp egal Services Salaries/Wi		Travel In District Travel Out Of Distri	sportation Equipment & Related Expense el In District		
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1: 20	<mark>AME</mark> lette RS:		3 Filer ID (Ethio	cs Commission Filers)				
4 Date	5 Payee na	ime						
02/25/2021	Ebay							
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code		
\$345.00 2145 Hamilton Avenue San Jose, California 95125								
8	(a) Categor	y (See Calegories listed at the top of	of this schedule)	(b) Description				
PURPOSE	Advertis	sing Expense						
OF EXPENDITURE				Print Media				
	(c)	Check if travel outside of Texas, Comp	lete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Рауее па	me						
03/05/2021	Paypal							
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
\$1.72	1607 E N	McFadden Ave suit	e b, Santa	a Ana, CA 9270	05			
	Category	(See Categories listed at the top of	this schedule)	Description				
PURPOSE OF	Fees			Banking Fees				
EXPENDITURE				banking rees				
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	n. TX, officeholder livin	O expense		
Complete ONLY if direct	Candida	ate / Officeholder name		Office sought	, (71, Olilocholder III)	Office held		
expenditure to benefit C/OH				emee oodgii		Office field		
Date	Payee na	ame						
03/03/2021	Pak A Sa	ak #9						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
\$10.00	Soncy							
	Category	(See Categories listed at the top of	this schedule)	Description				
PURPOSE OF EXPENDITURE		ctation Equipment Exspense	6.	Fuel for del:	iveries			
		Check if travel outside of Texas. Comp	lete Schedule T	Check if Austin	ı, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
	ATT	TACH ADDITIONAL COP	IES OF THIS S	SCHEDULE AS NEE	DED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

ii iio requotou iiio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EXPENDITURE CATE					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		3 Filer ID (E	thics Commission Filers)				
	Ms Claudette R Smith						,
4 Date	5 Payee na	ame					
03/03/2021	Amazon						
6 Amount (\$)	7 Payee address;					State	Zip Code
\$396.00	410 Ter	ry Ave. North, Seat	tle, WA	, 981	. 0 9		
8	(a) Catego	y (See Categories listed at the top of this	schedula)	(b) D	escription		
PURPOSE OF EXPENDITURE	Office	Overhead / Rental E	xpense	Off:	ice Suppl	ies	
	(c)	Check if travel outside of Texas, Complete S	Schedule T.		Check if Aust	in TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Of	fice sought		Office held
Date	Payee n	ame					
03/03/2021	matrian	Food Fugl					
		Food Fuel			0.1		71-0-1-
Amount (\$) \$33.00	Payee a	aaress;			City	State	e; Zip Code
	Categor	y (See Categories listed at the top of this	schedule)	D	escription		
PURPOSE OF EXPENDITURE		ortation Equipment & Exspense		Fue	l for Del	iverie s	
		Check if travel outside of Texas. Complete	Schedule T.		Check if Aus	lin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		0	ffice sought		Office held
Date	Payee	name					
03/06/2021	Becca A	Acord					
Amount (\$)	Payee a	address;			City;	State	e; Zip Code
\$23.00	17742 Laurie In Santa Ana, CA 92705						
	Catego	y (See Categories listed at the top of this	schedule)		Description		
PURPOSE OF EXPENDITURE	Advert:	ising Expense		Med	ia Design	า	
		Check if Iravel outside of Texas, Complete	Schedule T.		Check if Aus	tin, TX, officeholder	r living expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		C	Office sought		Office held
	A	TTACH ADDITIONAL COPIE	S OF THIS	SCHE	DULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/	i/Beverage Expense Awards/Memorials Expense Il Services	Polling Expe Printing Exp		Travel In District Travel Out Of Distr	
Credit Card Payment		e Instruction Guide explains		-	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethi	cs Commission Filers)
20	is Claudett	e R Smit	h			
4 Date	5 Payee name					
01/22/2021	City of Ama	arillo				
6 Amount (\$)	7 Payee addres	s;		City	State;	Zip Code
\$100.00	601 S Bucha	anan St, Amarillo	, TX 79	9101		
8	(a) Category (See	Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE	Fees					
OF EXPENDITURE				Application	for ballot	placement
	(c) Check	if travel outside of Texas Complete Sc	hedule T.	Check if Austi	n, TX. officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date	Payee name					
03/03/2021	Paypal					
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$0.55	1607 E McFa	adden Ave suite b	, Santa	a Ana, CA 9270	05	
	Category (See	Categories listed at the top of this so	hedule)	Description		
PURPOSE OF	Fees			Banking Fee		
EXPENDITURE				banking rec		
	Check	if travel outside of Texas. Complete Sci	hodule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name					
03/11/2021	Paypal					
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$1.95	1607 E McF	adden Ave suite b	, Santa	a Ana, CA 927	05	
	Category (See	Categories listed at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Banking Fee		
	Check	if travel outside of Texas. Complete Sci	hedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
	ATTAC	H ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

counting/Banking onsulting Expense ontributions/Donations Made By	Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Expe Committee Legal Services Salanes/War		Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political edit Card Payment	The Instruction Guide explains how to co	-	
Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
Date 03/12/2021	5 Payee name Sir Speedy		
Amount (\$)	7 Payee address;	City;	State; Zip Code
342.28	416 SW 8th Ave, Amarillo, Texas 79	9101	
	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description	
PURPOSE OF EXPENDITURE	haveletiting impenso	Print Media	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/11/2021	Pak A Sak		
Amount (\$)	Payee address;	City;	State; Zip Code
\$47.68	4200 Soncy Rd, Amarillo, TX 79119		
	Category (See Categories listed at the top of this schodule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Exspense	Fuel for Del	iveries
	Chack if travel outside of Texas, Complete Schedule T.	Check If Aust	Nn. TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payce name		
03/12/2021	Unique Design		
Amount (\$)	Payee address;	City;	State; Zip Code
\$84.00	38 Greene St, New York, NY 10013		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Media Design	n
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin. TX, officeholder living expense

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Printling	Expense g Expense es/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	to complete this form.	
Total pages Schedule F1:	2 FILER NAME Is Claudette R Smith		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
03/16/2021	Pinnacle Printz LLC	011	State; Zip Code
6 Amount (\$)	7 Payee address;	City	State; Zip Code
\$74.69	PO Box 51804 Amarillo, TX 79159	3	
3	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE	Advertising Expense	Print Media	
OF EXPENDITURE		TITING TICKER	
	(c) Check if travel outside of Texas, Complete Schedule T	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/15/2021	Beckham Stanley		
Amount (\$)	Payee address;	City;	State; Zip Code
\$250.00	8725 Christopher Paul Dr Med	chanicsville, VA	. 23111
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting	
	Check if travel outside of Texas, Complete Schedule	T. Check if Aus	stin, TX, afficeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
03/16/2021	Vista Print		
Amount (\$)	Payee address;	City;	State; Zip Code
\$273.20	95 Hayden Ave, Lexington, MA,	02421-7942	
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Print Media	
	Check if Iravel outside of Texas. Complete Schedule	Check if Au	$stin_{\scriptscriptstyle\parallel} TX_{\scriptscriptstyle\parallel}$ officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS N	EEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Consulting Expense Contributions/Donations Made	By Gift/Awards/Memorials Expense Printing	=xpense Expense :/Wages/Contract Labor	Travel Out Of District Other (enter a catego	
Candidate/Officeholder/Politic redit Card Payment	The Instruction Guide explains how to			
Total pages Schedule F1			3 Filer ID (Ethics	Commission Filers)
20	Ms Claudette R Smith			
Date	5 Payee name			
3/16/2021	Pak A Sak			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
339.77	4200 Soncy Rd, Amarillo, TX 791	19		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Transportation Equipment &			
OF EXPENDITURE	Related Exspense	Fuel For Del	iveries	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
03/17/2021	Beckham Stanley			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$300.00	8725 Christopher Paul Dr Med	hanicsville, VA	23111	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting		
	Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder livin	g exponso
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought		Office held
Date	Payee name			
03/17/2021	Sir Speedy			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$288.00	416 SW 8th Ave, Amarillo, Texas	3 79101		
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Print Media		
	Check if travel outside of Texas. Complete Schedule	Check if Aus	stin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 20 Ms Claudette Smith 4 Date 5 Payee name 03/17/2021 Paypal 6 Amount (\$) Zip Code 7 Payee address; City; State: \$0.73 1607 E McFadden Ave suite b, Santa Ana, CA 92705 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fees **PURPOSE** Banking Fees OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/19/2021 Pak A Sak Amount (\$) Pavee address: City; State; Zip Code \$37.74 4200 Soncy Rd, Amarillo, TX 79119 Category (See Categories listed at the top of this schedule) Description Transportation Equipment & **PURPOSE** Related Exspense Fuel For Deliveries OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 03/19/2021 Brandt Fricker Amount (\$) Payee address; City: State: Zip Code \$500.00 3438 Tripp Avenue, Amarillo, Texas 79121

PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Description

Digital Media

Office sought

Check if Austin, TX, afficeholder living expense

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

Check if travel outside of Texas, Complete Schedule T.

Advertising Expense

Candidate / Officeholder name

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising 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 Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 20 Claudette R Smith 4 Date 5 Payee name 03/20/2021 Vista Print 6 Amount (\$) 7 Payee address: City; State: Zip Code \$407.10 95 Hayden Ave, Lexington, MA, 02421-7942 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **PURPOSE** Print Media OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 03/20/2020 USPS Amount (\$) Payee address; City: State: Zip Code 8301 W Amarillo Blvd, Amarillo, TX 79124 \$220.00 Category (See Categories listed at the top of this schedule) Description Advertising Expense PURPOSE OF Postage **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2021 USPS Amount (\$) Payee address; City: State: Zip Code \$55.00 8301 W Amarillo Blvd, Amarillo, TX 79124

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Description

Office sought

Check if Austin, TX, officeholder living expense

Postage

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

Check if travel outside of Texas. Complete Schedule T.

Advertising Expense

Candidate / Officeholder name

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagns/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Exponse
Travel In District
Travel Out Of District
Other College Parkers (1988)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	-	/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1;	2 FILER NAME	ompiete this form.	3 Filer ID (Ethics Commission Filers
	s Claudette R Smith		
4 Date 03/20/2021	5 Payee name Walmart		
6 Amount (\$)	7 Payee address;	City,	State; Zip Code
\$51.48	4610 Coulter St S, Amarillo, TX 7	9119	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Office Overhead / Rental Expense	- ,	
OF EXPENDITURE		Supplies	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	tin. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/22/2021	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$275.00	5000 S Western St, Amarillo, TX 7	79109	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE		Postage	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/22/2021	Walmart		
Amount (\$)	Payee address;	City;	State; Zip Code
\$87,23	4610 Coulter St S, Amarillo, TX	79119	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead / Rental Expense	Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT include	this page in the re	eport,
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Offi	Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
_	ds Claudette R Smith		
4 Date 03/24/2021	5 Payee name Pinnacle Printz LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$108.25	PO Box 51804 Amarillo, Tx 79101		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Print Media	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	lin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/25/2021	Beckham Stanley		
Amount (\$)	Payee address;	City;	State: Zip Code
\$300.00	8725 Christopher Paul Dr Mecl	nanicsville, VA	A 23111
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/25/2021	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$385.00	8301 W Amarillo Blvd, Amarillo,	TX 79124	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NI	EEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vagos/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	is Claudette R Smith		
4 Date 03/26/2021	5 Payee name		
	United Supermarkets		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$17.07	3552 S Soncy Rd, Amarillo, TX 793	.19	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Food/Beverage Expense		
OF		Team Meeting	
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/26/2021	Pak A Sak		
Amount (\$)	Payee address;	City;	State; Zip Code
\$35.02	4200 Soncy Rd, Amarillo, TX 7911	9	
	_		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Transportation Equipment &		
OF EXPENDITURE	Related Exspense	Fuel For Del	iveries
EXPENDITORE		1	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	In, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/28/2021	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$330.00	8301 W Amarillo Blvd, Amarillo,	TX 79124	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE		Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX _s officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н	_	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Exponse Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms Claudette Smith 4 Date 5 Pavee name 03/26/2021 Papa Johns Pizza 6 Amount (\$) 7 Payee address; City; State Zip Code \$60.00 3415a Bell St Unit A, Amarillo, TX 79109 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Food/Beverage Expense **PURPOSE** Team Meeting OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 03/31/2021 Beckham Stanley Amount (\$) Payee address; City; State; Zip Code \$300.00 8725 Christopher Paul Dr Mechanicsville, VA 23111 Category (See Categories listed at the top of this schedule) Description Consulting Expense PURPOSE Consulting OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 03/14/2021 Amazon Amount (\$) Payee address; City: State: Zip Code \$650.00 410 Terry Ave. North, Seattle, WA, 98109 Category (See Categories listed at the top of this schedule) Description Office Overhead / Rental Expense **PURPOSE** OF Supplies **EXPENDITURE** Check if travel outside of Texas-Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Accounting/Banking Office Overhead/Rental Exponse Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 20 Ms Claudette R Smith 4 Date 5 Payee name 03/24/2021 Amazon Zip Code 6 Amount (\$) 7 Payee address; City; State: \$352.00 410 Terry Ave. North, Seattle, WA, 98109 (a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead / Rental Expense **PURPOSE** Supplies EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 02/20/2021 Fed Ex Office Online Zip Code State: Amount (\$) Payee address; City: \$200.00 942 South Shady Grove Road, Memphis, TN 38120 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Print Media OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/25/2021 Sam's Club Amount (\$) Payee address; City; State: Zip Code \$60.00 8952 westgate pkwy amarillo, TX 79124 Category (See Categories listed at the top of this schedule) Description PURPOSE Office Overhead / Rental Expense Supplies **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: 2 FILER NAME 20 Ms Claudette R Smith 1 Total Date 03/29/2021 5 Amount (\$) 7 Payee address; City: State: Travel in District Other (enter a category not listed above) Travel out of District Other (enter a category not listed above) Travel out of District Other (enter a category not listed above) Travel out of District Other (enter a category not listed above) 3 Filler ID (Ethics Commission Filers) 4 Date 03/29/2021		EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Total pages Schedule F1: 2 FILER NAME	Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Printing Expense I Committee Legal Services Salaries/M	rhead/Rental Expense pense spense (ages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
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Octomplete DNLY if direct expenditure to benefit C/OH Date Payee name 02/01/2021 Lowes Home Improvement Amount (\$) Payee address; City; State; Zip Code \$325.62 Category (See Categories fisted at the top of this schedule) Purpose OF EXPENDITURE Camplete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories	PURPOSE OF	Office Overhead / Rental Expense	Supplies	
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Date Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Purpose Of EXPENDITURE Candidate / Office holder name O3/06/2021 Lowes Home Improvement Candidate / Office holder name O4/01/2021 Lowes Home Improvement Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office holder name O4/100 Supplies Candidate / Office holder name O4/100 Sought O4/100 State: Zip Code Advertising Expense Category (See Categories listed at the top of this schedule) Category (See Categories liste	Complete ONLY if disc-i		Office sought	Office held
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Amount (\$) Payee address: City: State: Zlp Code \$298.36	Date	Payee name		
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Complete ONLY If direct	Amount (\$) \$298.36 PURPOSE OF	Payee address; 5000 South Coulter St. Amarillo, Category (See Categories listed at the top of this schedule)	TX 79119 Description	State; Zip Code
	Amount (\$) \$298.36 PURPOSE OF	Payee address; 5000 South Coulter St. Amarillo, Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Distric Other (enter a catego		
Credit Card Payment		The Instruction Guide explain	is how to co	omplete this form.			
Total pages Schedule F	1: 2 FILER N	IAME			3 Filer ID (Ethics	s Commission Filers)	
20	Ms Claud	- 1	ih				
Date	5 Payeen	ame					
02/05/2021	Cefco						
Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$70.00	3400 Co	ulter Amarillo, TX	79121		260		
	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE		ortation Equipment & Exspense		Fuel For Del	iveries		
	(c)	Gheck if travel outside of Texas. Complete S	3chedule T	Check if Aus	tin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
02/17/2021	Cefco						
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
\$70.00	3400 Cd	oulter Amarillo, TX	79121				
	Catego	ry (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE		ortation Equipment & d Exspense		Fuel For De.	liveries		
		Check if travel outside of Texas, Complete	Schedule T.	Check if Aus	stin, TX, officeholder livir	eholder living expense	
Complete ONLY if direct expenditure to benefit Co		idate / Officeholder name		Office sought		Office held	
Date	Payee	name					
03/03/2021	Cefco						
Amount (\$)	Payee	address;		City;	State;	Zip Code	
\$75.00	3400 C	oulter Amarillo, TX	79121				
	_	ry (See Categories listed at the top of this		Description			
PURPOSE OF EXPENDITURE		ortation Equipment & d Exspense		Fuel For De	liveries		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX ₁₀ officeholder livi	ng expense	
Complete ONLY if direc expenditure to benefit C		lidate / Officeholder name		Office sought		Office held	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/V	xpense Vages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
edit Card Payment	The Instruction Guide explains how to o	complete this form.		
Total pages Schedule F1:	2 FILER NAME S Claudette R Smith		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
03/20/2021	Cefco			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$72.00	3400 Coulter Amarillo, TX 79121			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Transportation Equipment &			
OF	Related Exspense	Fuel For Del	iveries	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/31/2021	Custom Buttons & More			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00	2917 S Fairfield Amarillo, TX	79103		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Drint Modia	(Supplies	
OF EXPENDITURE		Print Media/	pubbiles	
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/30/2021	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$330.00	8301 W Amarillo Blvd, Amarillo,	TX 79124		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Smith Ms. Claudette 20 5 Payee name 4 Date 03/30/2021 USPS City: State: Zip Code 6 Amount (\$) 7 Payee address: 8301 W Amarillo Blvd, Amarillo, TX 79124 \$165.00 (b) Description (a) Category (See Categories listed at the lop of this schedule) 8 Advertising Expense **PURPOSE** Postage OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code State: City; Amount (\$) Payee address; Description Category (See Categories listed at the lop of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Payee address; City: State: Amount (\$) Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought