CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MI OFFICEHOLDER R Claudette NAME NICKNAME LAST SUFFIX APR 06 2023 Smith 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #. CITY: STATE: ZIP CODE **OFFICEHOLDER** 7306 SW 34th Ave, Ste 1 PMB 238 MAILING CITY SECRETARY'S **ADDRESS** TX 79121 Amarillo CITY OF AMARILLO Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806)680-2798 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN TREASURER Lucy Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Lopez STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #. ZIP CODE CITY; STATE: 7 CAMPAIGN TREASURER TX 79109 5815 Notre Dame Dr. Amarillo **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (972)658-4723 15th day after campaign 9 REPORT TYPE January 15 X 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 02 / 17 /2023 03 / 27 / 2023 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Description Day X General Special 05 / 06 / 2023 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE City Council Place 4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICENOLIDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICENOLIDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICENOLIDER'S RE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Claudette R. Smith 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 0 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS \$ 27335.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$0 TOTALS TOTAL POLITICAL EXPENDITURES \$ 9136.47 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. \$18198.53 BALANCE OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$5000.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Donna Sue Savage Notary Public, State Of Texas Notary ID #133331152 My Commission Expires 09-14-2025 Please complete either option below: (1) Affidavit NOTARY STAMP / SEAL

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(street)

County, State of

(2) Unsworn Declaration

My name is _____ My address is ____

Executed in

www.ethics.state.tx.us

on the

, and my date of birth is

_ day of ____(month)

(state) (zip code)

Signature of Candidate/Officeholder (Declarant)

Revised 8/17/2020

(country)

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS s 7205.00 2. \$20130.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS s 5000 5. \$9136.47 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. s SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$

MONETARY POLITICAL CONTRIBUTIONS

ii une reques	ted information is not applicat	ne, 50 NO I		a paye ili tile	I OPOI C
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME Claudette	R. Smith				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
00/00/0000	Joni Faulkner				\$50.00
03/23/2023	6 Contributor address:	City:	State;	Zip Code	**
	6006 Hanson Rd	Amarillo	TX	79106	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	(ID4:)	Amount of contribution (\$)
	Shawn Treat				\$25.00
03/23/2023	Contributor address:	City;	State:	Zip Code	Ψ23.00
	9411 Staten Island	Amarillo	TX o	79119	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
Date	Full name of contributor	Oul-of-state PAC	; (ID#:		Amount of contribution (\$)
03/25/2023	Candace Henley Contributor address;	City;	State:	Zip Code	\$10.00
	9701 Ashton Rd	Amarillo		79119	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instru	(ctions)
Date	Full name of contributor	Oul-of-state PA	C (ID#:)	Amount of contribution (\$)
03/27/2023	Chesney's Whiskey	Saloon			\$500.00
00/21/2020	Contributor address;	City;	State;	Zip Code	
	715 S. Polk	Amarillo	TX	79101	
Principal occu	pation / Job title (See Instructions)		Emp	oloyer (See Instru	uctions)
			1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					
Forms provided by	Texas Ethics Commission	www.ethics	s.state.tx.u	S	Revised 8/17/202

If the requ	ested information is not applicable, DO NOT include	le this page	in the report.	
Th	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
² FILER NAMI Claudette	e R. Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0	
Entertainm	pupation / Job title (FOR NON-JUDICIAL)(See Instructions)	79119 Check if travel outside of Texas. Complete Sche		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/15/2023	Full name of contributor out-of-state PAC (ID#: MCF Managemnt Contributor address; City; State; 12581 Interstate 27 Amarillo TX	Zip Code 79118	Amount of Contribution \$ In-kind contribution description \$1800.00 Website Maintenance Check if travel outside of Texas. Complete Schedule T.	
Principal occ Entertainme	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
Centributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc			

if the requested information is not applicable, DO NOT include this page in the report.					
TI	ne Instruction Guide explains how to complete this for	m.	1 Total pages Sched	Jule A2:	
² FILER NAM Claudette	E R. Smith		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0		
5 Date 03/25/2023	6 Full name of contributor out-of-state PAC (ID4:	Zip Code	8 Amount of Contribution \$ \$3500.00	9 In-kind contribution description Media	
	6601 Arden Rd. Amarillo TX	79109	Check if travel outsi	 de of Texas. Complete Schedule T.	
10 Principal occ Media	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			
Date	Full name of contributor out-of-state PAC (IDs:		Amount of Contribution \$	I In-kind contribution description	
00/05/0000	Elizabeth Grigg	• • • • • • • • • • • • • • • • • • • •	\$1980.00	l Labor	
03/25/2023	Contributor address: City: State: 116 S McMasters Amarillo Tx	Zip Code 79106		 	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	γ	r (FOR NON-JUDICIAL)(See Instructions)		
Sales		Complete	stanta lab titla (EOR III	IDICIAL) (See Instructions)	
Contributors	principal occupation (FOR JUDICIAL)	Contribt	nors job lide (FOR 30	DICIAL)(SEE IIISII GCIGIIS)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see instruct	THIS SCHED	ULE AS NEEDED r additional reportin	g requirements.	

in the requested information is not applicable, bo NOT include this page in the report.						
TI	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2: 5				
	² FILER NAME Claudette R. Smith			ommission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0			
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#:			9 In-kind contribution description		
03/27/2023	7 Contributor address; City; State;	Zip Code	\$2500.00	Labor		
	4218 S Aldredge Amarillo TX	79118	Check if travel outs	 ide of Texas. Complete Schedule T.		
10 Principal occ Meter R	eader	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of Contribution \$	I In-kind contribution description		
	Contributor address; City; State;	Zip Code		f 		
Check if travel outside of Texas. (Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)						
i isiopai oso						
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ıtor's job title (FOR JU	JDICIAL) (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)					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDI	ULE AS NEEDED	g requirements.		
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Eveni Expenso Foos Food/Boverago Expense Git/Lawards/Momortels Expense Logal Servicos

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Calca (alta) a cologo y no noce accord		
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethics Commission Filers)		
4 Date 02/17/2023	5 Payee name City of Amarillo				
6 Amount (\$)	7 Payee address:	City;	State; Zip Code		
\$100.00	601 S. Buchanan St. Amarillo	TX 79101			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Application for Place on Ballot Fee			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin. TX. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
02/20/2023	Political Design LLC				
Amount (\$)	Payee address;	City:	State; Zip Code		
\$32.28	8 Eliezer Kaplan St Tel Aviv 64	1734091 Israel	l		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic [Graphic Design		
	Check if travel outside of Yexas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
02/27/2023	Pak A Sak #9				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$39.98	6001 Coulter St. S Amarillo	TX 79119			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Transportation Equipment and Related Expense	Fuel for Si	gn Deliveries		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	lin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS 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/Bunking
Consulting Expense
Contributions/Donations Made By
Candidate/Officholder/Political Committee
Cred Card Perfector

Event Expenso
Facs
Food/Boverage Expenso
Gift/Awards/Mamorials Expenso
Logal Sarvicas

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expens
Travel Out Of District
Travel Out Of District
Other (enter a category politisted above)

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Claudette R. Smith		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
03/12/2023	All Out Screen Printing				
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code	
\$496.52	6033 Canyon Dr	Amari	llo TX	79110	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Printed Mate	erials		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/12/2023	Political Design LLC				
Amount (\$)	Payee address;	City:	State;	Zip Code	
\$20.86	8 Eliezer Kaplan St Tel Aviv 64734091 Israel				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic Design			
	Chock if travel outside of Texas. Complete Schedule T.	tute T. Check if Austin, TX, officeholder living expense			
Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
03/17/2023	Political Design LLC				
Amount (\$)	Payee address;	City;	State:	Zip Code	
\$96.22	8 Eliezer Kaplan St Tel Aviv 64	734091 Israel	I		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	OF Advertising Expense Graphic Design				
Check if travel outside of Texas. Complete Schedulo T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expenso Fees Food/Beverage Expense Gill/Awards/Memorials Expense Legal Services Loan Ropayment/Reimbursement Office Overhead/Rontal Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expenso Transportation Equipment & Related Expenso Travel In District Travel Out Of District Other (enter a category not listed above)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Claudette R. Smith 3 Filer ID (Ethics Commission Filers) 5 Payee name 03/23/2023 **AGE Graphics** State; Zip Code 6 Amount (\$) 7 Payee address: \$1902.00 52231 State Route 248, Long Bottom, OH 45743 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense Signs OF EXPENDITURE Check if Austin. TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought Payee name Date 03/23/2023 Textedly City; State; Zip Code Amount (\$) Payee address; \$140.00 819 Arapaho Rd Richardson TX 75080 Category (See Categories listed at the top of this schedule) Description PURPOSE Media Advertising Expense 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 Textedly 03/25/2023 Amount (\$) Payee address: City; State: Zip Code \$70.00 75080 819 Arapaho Rd Richardson TX Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Media OF EXPENDITURE Check if Austin. TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satartes/Wages/Contract Labor Event Expenso Foos Food/Boverage Expenso Gift/Awards/Momortals Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Socialization Equipment & Related Exp Transportation Equipment & Related Exp Travel in District Travel Out Of District Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Claudette R. Smith 5 Payee name Anedot 03/26/2023 City; Zip Code 7 Payee address: 6 Amount (\$) 70032 \$9.30 **New Orleans** LA 1340 Poychas Ste Ste 1770 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE **Bank Fees** Bank Fees Chack if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Payee name **USPS** 03/26/2023 City: State: Zip Code Payee address; Amount (\$) 5000 S Western Amarillo TX 79109 \$899.29 Category (See Categories listed at the top of this schedule) Description Postage PURPOSE Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Office sought Candidate / Officeholder name Office held Payee name 03/13/2023 **Burkett Outdoor** Amount (\$) Payee address; State: Zip Code \$4,500.00 7400 Golden Pond Pl Amarillo TX 79121 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense **Advertising Expense** OF EXPENDITURE

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Complete ONLY if direct

expenditure to benefit C/OH

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Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Revised 8/17/2020

Check if Austin, 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ant/Reimbursement ad/Rental Expense se ssc as/Contract Labor plete this form.	Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out Of District Other (enter a category not to	Related Expense			
1 Total pages Schedule F1:			,	3 Filer ID (Ethics Com	mission Filers)		
	Claudette R. Smith						
4 Date 03/20/2023	5 Payee name Vista Print						
6 Amount (\$)	7 Payee address: City; State; Zip Code						
\$167.00	275 Wyman St. Waltham, MA 02451						
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	-			
PURPOSE OF EXPENDITURE	Advertising Expense			Printed Mater	ials		
	(C) Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austi	n, TX, officeholder living expen	se		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Offic	a held		
Date	Payee name						
03/20/2023	Vista Print						
Amount (\$)	Payee address;		City:	State; Zi	p Code		
\$268.56	275 Wyman St. Waltham,	, MA 02	451				
	Category (See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense		Printed Materials				
	Check if travel outside of Taxas. Complete Sc	hedule T.	Check if Austi	in, TX. officeholder living expen	80		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office	e held		
Date	Payee name						
03/22/2023	Pak A Sak #9						
Amount (\$)	Payee address;		City;	State; Z	p Code		
\$39.08	6001 Coulter St. S Ama	arillo T	X 79119				
	Category (See Categories listed at the top of this se	chedule)	Description				
PURPOSE OF EXPENDITURE	Transportation Equipment Related Expense	and	Fuel for Sig	gn Deliveries			
Check if travel outside of Texas. Complete Schedulo T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Exponse Accounting/Banking Consulting Exponse Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundraising Expenso Transportation Equipment & Related Expenso Travel In District Travel Out Of District Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expenso Food/Boverage Expense Gift/Awards/Momorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Claudette R. Smith 5 Payee name 03/10/2023 Walmart State; Zip Code City: 6 Amount (\$) 7 Payee address: 4610 Coulter St. S Amarillo TX 79119 \$166.32 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Other Office Supplies OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder fiving expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/10/2023 Office Max Payee address; City; State: Zip Code Amount (\$) \$146.80 2912 Soncy Rd Amarillo, Texas 79124 Category (See Categories fisted at the top of this schedule) Description PURPOSE Office Supplies Other OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 03/10/2023 Pak A Sak #9 Amount (\$) Payee address; City: State: Zip Code \$42.26 6001 Coulter St. S Amarillo TX 79119 Category (See Categories listed at the top of this schedule) Description Transportation Equipment and PURPOSE Fuel for Sign Deliveries Related Expense EXPENDITURE Chock if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder tiving expense Complete ONLY if direct expenditure to benefit C/OH Office sought Candidate / Officeholder name Office held

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LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Claudette R. Smith 4 TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender 5 Date of loan 9 Loan Amount (\$) ut-of-state PAC (ID#:_ 3/13/2023 Claudette R. Smith \$5,000.00 ls lender 10 Interest rate 8 Lender address; City: State; Zip Code a financial Institution? 11 Maturity date 7606 Cervin Dr Amarillo TX 79121 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) **Business Owner** Self 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) ☐ none 16 GUARANTOR INFORMATION 17 Name of guaranter 19 Amount Guaranteed (\$) 18 Guarantor address: City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (ID#:_ Interest rate Is lender Lender address; City: State; Zip Code Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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TH	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 5			
	² FILER NAME Claudette R. Smith			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$0			
5 Date 03/27/2023	Lucy Lopez			9 In-kind contribution description Digital Media Work		
	on Technology	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 03/27/2023	Full name of contributor out-of-state PAC (IDS: Jesse T. PFrimmer Contributor address: City; State; 5723 S MILAM ST Amarillo TX	Zip Code 79110	Amount of Contribution \$ \$1500.00	In-kind contribution description I Labor I Labor I Labor		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Centributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

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 for	n.	1 Total pages Schedule A2: 5			
² FILER NAMI Claudette			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0			
5 Date	6 Full name of contributor □ out-of-state PAC (£D#:)	8 Amount of Contribution \$	9 In-kind contribution description		
03/15/2023	7 Contributor address; City; State;	Zip Code	\$350.00	Campaign Buttons		
	5815 Notre Dame Dr. Amarillo TX	79109	Check if travel outsi	de of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) on Technology	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description		
03/23/2023	Jaidyn Fisher Contributor address; City; State;	Zip Code	\$2100.00	Media		
	4410 Van Kriston Dr. Amarillo TX	79121	Check if travel outsi	l de of Texas. Complete Schedule T.		
Student	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
<u>i</u> l						
	·					
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED r additional reportin	g requirements.		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Claudette R. Smith 4 Date 5 Full name of contributor oul-of-state PAC (ID#:____ 7 Amount of contribution (\$) Oscar Gamboa 6 Contributor address: City: State; Zip Code Amarillo TX 79108 03/27/2023 \$2,500.00 Amarillo TX 79108 3603 Willow 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Owner Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date State; Zip Code Contributor address: City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) State; Zip Code City; Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME Claudette	R, Smith		3 Filer ID (Ethics Commission Filers)			
4 Date 02/26/2023	5 Full name of contributor	(iDa:) State; Zip Code	7 Amount of contribution (\$) \$20.00			
	4506 Mesa Circle Amarillo	TX 79109				
8 Principal occu	ation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
02/27/2023	Rick Looby Homes Contributor address: City;	State; Zip Code	\$2000.00			
	P.O.Box 52290 Amarillo	TX 79159				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	: (ED#:)	Amount of contribution (\$)			
03/21/2023	Chesney's Whiskey Saloon	State; Zip Code	\$2000.00			
	715 S. Polk Amarillo	•				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l citions)			
Date	Full name of contributor Out-of-state PAC	: (ID#:)	Amount of contribution (\$)			
03/23/2023	Contributor address: City: 7713 Lamount Amarillo	State; Zip Code D TX 79110	\$100.00			
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.					
- Children C						