

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 19																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Walter</td> <td>E</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 10px;">Smith</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Walter	E	NICKNAME	LAST	SUFFIX	Smith			OFFICE USE ONLY								
MS / MRS / MR	FIRST	MI																				
Mr.	Walter	E																				
NICKNAME	LAST	SUFFIX																				
Smith																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: x-small;">APT / SUITE #;</td> <td style="width:20%; font-size: x-small;">CITY;</td> <td style="width:15%; font-size: x-small;">STATE;</td> <td style="width:25%; font-size: x-small;">ZIP CODE</td> </tr> <tr> <td>35578 FM 1488</td> <td>Hempstead, Tx</td> <td>77445</td> <td></td> <td></td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	35578 FM 1488	Hempstead, Tx	77445			<div style="text-align: center;"> Waller County Elections JAN 12 2018 Received </div>									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
35578 FM 1488	Hempstead, Tx	77445																				
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">AREA CODE</td> <td style="width:45%; font-size: x-small;">PHONE NUMBER</td> <td style="width:30%; font-size: x-small;">EXTENSION</td> </tr> <tr> <td>(713)</td> <td>550-4931</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(713)	550-4931		Date Hand-delivered or Date Postmarked													
AREA CODE	PHONE NUMBER	EXTENSION																				
(713)	550-4931																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Jared</td> <td>W</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 10px;">Smith</td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Jared	W	NICKNAME	LAST	SUFFIX	Smith			Receipt #	Amount \$						
MS / MRS / MR	FIRST	MI																				
Mr.	Jared	W																				
NICKNAME	LAST	SUFFIX																				
Smith																						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; font-size: x-small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: x-small;">APT / SUITE #;</td> <td style="width:15%; font-size: x-small;">CITY;</td> <td style="width:15%; font-size: x-small;">STATE;</td> <td style="width:20%; font-size: x-small;">ZIP CODE</td> </tr> <tr> <td>990 Village Square Dr., Ste. P</td> <td></td> <td>Tomball, Tx</td> <td></td> <td>77375</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	990 Village Square Dr., Ste. P		Tomball, Tx		77375	Date Processed									
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
990 Village Square Dr., Ste. P		Tomball, Tx		77375																		
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">AREA CODE</td> <td style="width:45%; font-size: x-small;">PHONE NUMBER</td> <td style="width:30%; font-size: x-small;">EXTENSION</td> </tr> <tr> <td>(281)</td> <td>655-0634</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(281)	655-0634		Date Imaged													
AREA CODE	PHONE NUMBER	EXTENSION																				
(281)	655-0634																					
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																			
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																			
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td>07</td> <td>/ 01</td> <td>/ 17</td> <td></td> <td>12</td> <td>/ 31</td> <td>/ 17</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	07	/ 01	/ 17		12	/ 31	/ 17				
Month	Day	Year	THROUGH	Month	Day	Year																
07	/ 01	/ 17		12	/ 31	/ 17																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION DATE</td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td>03</td> <td>/ 06</td> <td>/ 18</td> </tr> </table>		ELECTION DATE			Month	Day	Year	03	/ 06	/ 18	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	
ELECTION DATE																						
Month	Day	Year																				
03	/ 06	/ 18																				
ELECTION TYPE																						
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																				
<input type="checkbox"/> General	<input type="checkbox"/> Special																					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)																			
			<div style="font-size: 1.2em; font-family: cursive;">Waller County Commissioner. Precinct 2</div>																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Walter Smith 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

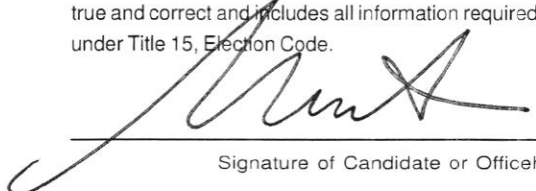
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,600
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,403.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,001.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

18 AFFIDAVIT

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Walter Smith, this the 11th day of January, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Jennifer Benson

 Printed name of officer administering oath

Notary

 Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Walter Smith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,600.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1,000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,538.62
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,924.93
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Walter Smith**

3 Filer ID (Ethics Commission Filers)

4 Date
12/08/17

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$) **\$ 500.00**

Raul Wong

6 Contributor address; City; State; Zip Code
14800 St. Mary's Lane, Ste. 160, Houston, TX 77079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

12/05/17

Dean Lawther

\$1,000.00

Contributor address; City; State; Zip Code
PO Box 430, Deer Park, TX 77530

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: **C00457853**)

Amount of contribution (\$)

11/28/17

Terracon Political Action Committee

\$250.00

Contributor address; City; State; Zip Code
18001 W. 100th St., Olathe, KS 66061

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/28/17

Raba-Kistner PAC, Inc.

\$500.00

Contributor address; City; State; Zip Code
PO Box 690287 San Antonio, TX 78269

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Walter Smith

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Costello, Inc. PAC

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code
9990 Richmond Ave, Ste. 450 N, Houston, TX 77042

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Glenn Plowman

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code
Po Box 649, Simonton, TX 77476

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Jeffrey T. Cannon

Amount of contribution (\$)

\$750.00

Contributor address; City; State; Zip Code
4315 Whickam Dr., Fulshear, TX 77441

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Jim Russ

Amount of contribution (\$)

\$750.00

Contributor address; City; State; Zip Code
10555 Westoffice Dr., Houston, TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Walter Smith

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Mark Froehlich

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

23333 Mveschke Rd., Tomball, Tx 77377

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/20/17

Full name of contributor out-of-state PAC (ID#: _____)

William Kotlan

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

8 Lake Forest Dr., Conroe, Tx 77384

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Home-PAC Greater Houston Builders Assoc.

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

9511 W. Sam Houston Pkwy N., Houston, Tx 77064

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/17

Full name of contributor out-of-state PAC (ID#: _____)

Ranney W. McDonough

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

3 Pin Oak Estates Dr., Bellaire, Tx 77401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Walter Smith

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Robert Lee Moore

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

2026 Shadow Forest Dr., Katy, TX 77494

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/17

Full name of contributor out-of-state PAC (ID#: _____)

Richard Spurlock

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

14211 Championship Ln., Houston, TX 77069

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/17

Full name of contributor out-of-state PAC (ID#: _____)

P A Crandall

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

28546 Waller Gladish Rd., Waller, TX 77484

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/17

Full name of contributor out-of-state PAC (ID#: _____)

Robert Pierce

Amount of contribution (\$)

\$ 2,500.00

Contributor address; City; State; Zip Code

21900 Decision Dr., Hockley, TX 77447

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

Walter Smith

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Ranney McDonough

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

3 Pin Oak Estates Dr., Bellaire, Tx 77401

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/17

Full name of contributor out-of-state PAC (ID#: _____)

Charles C Scianna

Amount of contribution (\$)

\$3,000.00

Contributor address; City; State; Zip Code

5738 Old Hwy 36 Rd., Bellville, Tx 77418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Walter Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 10/05/17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Smith	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 35578 FM 1488, Hempstead, Tx 77445	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>	2 FILER NAME <u>Walter Smith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/17/17</u>	5 Payee name <u>Waller County News Citizen</u>	
6 Amount (\$) <u>243.00</u>	7 Payee address; City; State; Zip Code <u>350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <u>11/01/17</u>	Payee name <u>Waller County News Citizen</u>	
Amount (\$) <u>198.00</u>	Payee address; City; State; Zip Code <u>350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <u>12/08/17</u>	Payee name <u>Bison Business Solutions</u>	
Amount (\$) <u>1357.45</u>	Payee address; City; State; Zip Code <u>10100 Clay Rd., Ste. 67, Houston, Tx 77080</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Walter Smith	3 Filer ID (Ethics Commission Filers)
4 Date 12/11/17	5 Payee name Waller County News Citizen	
6 Amount (\$) 283.50	7 Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445	
8 PURPOSE OF EXPENDITURE	(a) Category See Categories listed at the top of this schedule Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 12/19/17	Payee name Waller County News Citizen	
Amount (\$) 243.00	Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 11/07/17	Payee name Waller County Republican Party	
Amount (\$) 750.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Walter Smith	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	---------------------------------------

4 Date 11/08/17	5 Payee name Waller County News Citizen
---------------------------	---

6 Amount (\$) 243.00	7 Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/18/17	Payee name Bison Business Solutions
-------------------------	---

Amount (\$) 2350.83	Payee address; City; State; Zip Code 10100 Clay Rd., Ste. 61, Houston, Tx 77080
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/21/17	Payee name Waller County News Citizen
-------------------------	---

Amount (\$) 121.50	Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 0	2 FILER NAME Walter Smith	3 Filer ID (Ethics Commission Filers)
---------------------------------	------------------------------	---------------------------------------

4 Date 10/24/17	5 Payee name Bobbie Mayer
--------------------	------------------------------

6 Amount (\$) 315.00	7 Payee address; City; State; Zip Code 4884 FM 1600, Cameron, Tx 76520
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/11/17	Payee name The Waller Times
------------------	--------------------------------

Amount (\$) 152.50	Payee address; City; State; Zip Code 2323 Main St., Waller, Tx 77484
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/30/17	Payee name Colon & Company
------------------	-------------------------------

Amount (\$) 1000.00	Payee address; City; State; Zip Code 3311 Richmond Ave., Ste. 319, Houston, Tx 77098
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 0 2 FILER NAME Walter Smith 3 Filer ID (Ethics Commission Filers)

4 Date 12/18/17 5 Payee name The Waller Times

6 Amount (\$) 305.00 7 Payee address; City; State; Zip Code 2323 Main St., Waller, Tx 77484

8 PURPOSE OF EXPENDITURE: Advertising Expense

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

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11/21/17 Payee name The Waller Times

Amount (\$) 252.80 Payee address; City; State; Zip Code 2323 Main St., Waller, Tx 77484

PURPOSE OF EXPENDITURE: Advertising Expense

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

Description
 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 12/30/17 Payee name Colon & Company

Amount (\$) 2914.71 Payee address; City; State; Zip Code 3311 Richmond Ave., Ste. 319, Houston, Tx 77098

PURPOSE OF EXPENDITURE: Consulting Expense

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

Description
 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 0 2 FILER NAME Walter Smith 3 Filer ID (Ethics Commission Filers)

4 Date 11/08/17 5 Payee name The Waller Times

6 Amount (\$) 300.00 7 Payee address; City; State; Zip Code 2323 Main St., Waller, Tx 77484

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 10/17/17 Payee name The Waller Times

Amount (\$) 508.33 Payee address; City; State; Zip Code 2323 Main St., Waller, Tx 77484

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 10/19/17 Payee name Colon & Company

Amount (\$) 1000.00 Payee address; City; State; Zip Code 3311 Richmond Ave., Ste. 319, Houston, Tx 77098

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Walter Smith	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 10/11/17	5 Payee name Waller County News Citizen
----------------------------------	--

6 Amount (\$) 121.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/09/17	Payee name Carl's BBQ
-------------------------	---------------------------------

Amount (\$) 198.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 31315 FM 2920 #10, Waller, Tx 77484
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11/29/17	Payee name Waller County News Citizen
-------------------------	---

Amount (\$) 121.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Walter Smith	3 Filer ID (Ethics Commission Filers)
4 Date 12/06/17	5 Payee name The Waller Times	
6 Amount (\$) 152.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2323 Main St., Waller, Tx 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 12/06/17	Payee name Waller County News Citizen
Amount (\$) 189.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name Office sought Office held

Date 11/15/17	Payee name Kwik Kopy
Amount (\$) 84.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1215 W Main St., Tomball, Tx 77375
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Walter Smith	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 11/09/17	5 Payee name Kwik Kopy
----------------------------------	---

6 Amount (\$) 211.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1215 W Main St., Tomball, Tx 77375
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12/29/17	Payee name Office Depot
-------------------------	-----------------------------------

Amount (\$) 64.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14424 FM 2920, Tomball, Tx, 77377
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/15/17	Payee name Facebook
-------------------------	-------------------------------

Amount (\$) 145.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Walter Smith	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 12/31/17	5 Payee name Facebook
----------------------------------	--

6 Amount (\$) 636.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED