

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	MS / MRS / MR FIRST MI Mr. Walter E NICKNAME LAST SUFFIX Smith	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 35578 FM 1488 Hempstead, Tx 77445	Date Received Waller County Elections JAN 12 2018 Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 550-4931	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jared W NICKNAME LAST SUFFIX Smith	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	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	AREA CODE PHONE NUMBER EXTENSION (281) 655-0634		
9 REPORT TYPE	<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	Month Day Year Month Day Year 07 / 01 / 17 THROUGH 12 / 31 / 17		
11 ELECTION	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) Waller County Commissioner. Precinct 2	

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)

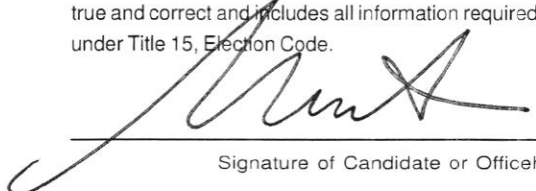
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

Jennifer Benson
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#: _____)
Raul Wong

7 Amount of contribution (\$)
\$ 500.00

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
12/05/17

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

Amount of contribution (\$)
\$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
11/28/17

Full name of contributor out-of-state PAC (ID#: **C00457853**)
Terracon Political Action Committee

Amount of contribution (\$)
\$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
11/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Raba-Kistner PAC, Inc.

Amount of contribution (\$)
\$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 <input checked="" type="checkbox"/>
		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 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)
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4 Date 11/08/17	5 Payee name Waller County News Citizen
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6 Amount (\$) 243.00	7 Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/18/17	Payee name Bison Business Solutions
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Amount (\$) 2350.83	Payee address; City; State; Zip Code 10100 Clay Rd., Ste. 61, Houston, Tx 77080
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/17	Payee name Waller County News Citizen
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Amount (\$) 121.50	Payee address; City; State; Zip Code 350 US Bus Hwy 209, Ste. 7, Hempstead, Tx 77445
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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
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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 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: 1 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 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 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 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 (\$) 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 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: <u>0</u>	2 FILER NAME <u>Walter Smith</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>12/18/17</u>	5 Payee name <u>The Waller Times</u>
----------------------------------	--

6 Amount (\$) <u>305.00</u>	7 Payee address; City; State; Zip Code <u>2323 Main St., Waller, Tx 77484</u>
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>11/21/17</u>	Payee name <u>The Waller Times</u>
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Amount (\$) <u>252.80</u>	Payee address; City; State; Zip Code <u>2323 Main St., Waller, Tx 77484</u>
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>12/30/17</u>	Payee name <u>Colon & Company</u>
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Amount (\$) <u>2914.71</u>	Payee address; City; State; Zip Code <u>3311 Richmond Ave., Ste. 319, Houston, Tx 77098</u>
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
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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
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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
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED