CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how	to complete this form.	1 Filer ID (Et	nics Commission Filers)	2 Total pages filed	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	HERSChel	1	C	OFFICE	JSE ONLY
NAME	NICKNAME	Smith		SUFFIX	Date Received Waller C	o. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O Boy		CITY: STA	3.5		17 2023 CEIVED
Change of Address				, ,		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 8	889-8529	EXT	ENSION	Date Hand-delivered o	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	SHARON		A A	Date Processed	Amount #
IAVIAIC	NICKNAME	LAST		SUFFIX		
	NIONNAME	B. Smith		SUPPIX	Date Imaged	
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / SI		CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	102 =	Dooley Sixee	t, trank	re View	Th	11446
	ADEA 0005	DIANE MARKET				
8 CAMPAIGN TREASURER PHONE	(281) 8	PHONE NUMBER 383 9887	EXI	ENSION		
9 REPORT TYPE	January 15	30th day before e	lection	Runoff	15th day afte treasurer app (Officeholder	ointment
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 /2022	THROUGH	Month 12	Day Year / 31/206	22
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Manuth Davi	Year Primary	Runoff	Other		
	Month Day	Year Tantaly		Description		
	艺/ E/	General	Special			
12 OFFICE	CONSTAIN	le lor3	13 OFF	FICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADDRES	\$\$		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Heaschel Smith	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,000-00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2279.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 4234.78
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
l	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
red	quired to be reported by me under Title 15, Election Code.	\bigwedge
	The start of	A
	A desilet	Office helder
	/ V Signature or Ga	indidate or Officeholder
:	Please complete either option below	v:
	APA Policy Connect House Dance	
(1) Affidavit	Oscar Lloyd Price My Commission Expires gu-24/2024 H) No. 128653744	
NOTARY STAMP/SEA	_	
	before me by HERSCHEL Smith this the	16 TH day OF DANUARY
20 2 , to centify	which, witness my hand and seal of office. OSCAL LLOYD FRICE	
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	·
My address is		
		state) (zip code) (country)
Executed in	County, State of , on the day of (monti	h) (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME HEASCHEL Smith 20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. 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	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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	Herschel Smith		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#) HILL ACHAIN A HAILAWEL 6 Contributor address; City; State; Zip Code 10202 Westherman RD. HOUSIDN TY 17042			7 Amount of contribution (\$) \$\frac{43}{9000}\cdot\text{0}
	epien CUK	9 Employer (See Instruct	ions)
Date 12/8/22	Full name of contributor out-of-state PACE M'AYRA & ERIC SANCE Contributor address; City; HOII Wim belley, Abusi		Amount of contribution (\$) \$\frac{1000}{}{} \cdot \frac{1000}{}{} \cdot \frac{1000}{} \cdot \frac{1000}{}{} \cdot \frac{1000}{} \cd
1	ation / Job title (See Instructions) Off ICEN	Employer (See Instruct	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAME	Herschel Smith		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#) Zip Code	8 Amount of 9 In-kind contribution Contribution \$ description		
			Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
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	Full name of contributor)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code			
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	II F AS NEEDED		
	If contributor is out of state BAC places and Instruct		JEENG NEEUGD		

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the reque	ested information is not applicable, DO NOT	include this page	in the report.	
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sched	ule B:
2 FILER NAME	Herschel Smith		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
		State, Zip Code		
		· · · · · · · · · · · · · · · · · · ·		I
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See	e Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State, Zip Code]
			Check if travel outs	l . ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instructions)	Employer (Sec	e Instructions)	
Date	Full name of pledgor Out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City;	State; Zip Code		
			Check if travel outs	I I ide of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	
Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ite; Zip Code		!
			Check if travel outs	I I_ side of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instructions)	Employer (Se	e Instructions)	
			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHED	JLE 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:					
2	FILER NAME	Heaschel S	mih	*		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS						\$
5	Date of loan	_		AC (ID#:		9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address;		State;		10 Interest rate
	Y N					11 Maturity date
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)						
14	Description of Colla	ateral			personal fund (See Instruction	s were deposited into political ons)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City;		Zip Code	
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)						
	Date of loan	Name of lender	out-of-state F	PAC (ID#:	,	Loan Amount (\$)
	Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
	Y N					Maturity date
ı	Principal occupation	on / Job title (See Instructions)		Employer (See I	Instructions)	
	Description of Colla	ateral			personal fund (See Instruction	s were deposited into political
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
		Guarantor address;	City;	State;	Zip Code	
	Principal Occupation	On (See Instructions)		Employer (See I	netructions\	
	Fincipal Occupati	on (See Instructions)		Emblokei (200)	matructions)	
ĺ	If le	ATTACH ADDITIO		ES OF THIS SCHED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order to receive on thirted phone)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME HEASCHEL SW	ith 3	Filer ID (Ethics Commission Filers)		
4 Date 7/6/22-6 Amount (\$)	5 Payee name SHARON Sinith				
V -	7 Payee address;	City;	State; Zip Code		
\$100.50	P.O Boy 653 PATRIC VICE	J TX	77446		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•		
PURPOSE OF EXPENDITURE	Event Expense	Reimbursem	mt for TENT Deposit		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Date 8/29/22	Coanastone Baptist				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$200-00	6902 EASHAND ST.	YOUSTON T.	f 77028		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	DONATION	DONATION)		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1/13/22	GREATER ST PETERS	baptist-			
Amount (\$)	Payee address;	City;	State; Zip Code		
8229	805 18th Street, H.	empskar T	77445		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	DONATION	DONATION	$\sqrt{}$		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, 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 NEEDI	ED .		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In 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:	2 FILER NAME HERSCHEL SM	3 Filer ID (Ethics Commission Filers)		
4 Date 11/13/22	5 Payee name CORNERSTONE BAP			
6 Amount (\$) 4 300 - 20	7 Payee address;	HOUSTON TY 77028		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	DONATION	Contribution)		
	(C) 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	Payee name			
11/19/22	D. ThORNTON			
Amount (\$)	Payee address;	City; State; Zip Code		
\$700.00	12211 FONDAEN H	6USTON TY 77035		
PURPOSE OF	Event Expenses	FOX PURCHASING TURKESS 9 HAM 3		
EXPENDITURE	•	Fox Thanksqlung - GIVANIAUS		
	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 ///.0/	Payee name			
1/14/22	Margner Nix			
Amount (\$)	Payee address;	City; State; Zip Code		
9.250	11327 Stoney Mean	DOW DX. HOUSTON TY 17095		
	Category (See Categories listed at the top of this schedule)	Description Francisco Til No.		
PURPOSE OF EXPENDITURE	Event Expenses	Freezen Storage FOR GHARMS		
	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	S SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salarie The Instruction Guide explains how t		category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME HERSCHEL Su	nith 3 Filer ID (I	Ethics Commission Filers)	
4 Date 11/27/22	E Payon name	tired TEACHERS ASS	ountral	
6 Amount (\$) 1 \$100 - 00	7 Payee address; P. 0 Box 5174	City; State	zip Code TY 77446	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event & Donation			
Complete ONLY if direct expenditure to benefit C/Oh	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H	Check if Austin, TX, officeholder Office sought	Office held	
Date 12/4/22	Payee name CORNERSTONE DA	phst		
Amount (\$) 9300 - 00	Payee address; 6902 EASHAND	City; State HOUSTON TX 77	zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Do WAH o W	Contribution		
	Check if travel outside of Taxas. 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 12/4/22	Payee name NGW FAith			
Amount (\$) \$ 100 - 50	Payee address; 8955 N WaySide	DR. Houston TY		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Do WAH DW	Con tribution	$\int_{\mathbb{R}^{2}}$	
	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 H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politics		orials Expense Printing Ex		Travel In District Travel Out Of District Other (enter a category no	nt listed above)
	The Instruction	on Guide explains how to c	omplete this form.		
1 Total pages Schedule F2:	2 FILER NAME	schel Sw	ith 3	Filer ID (Ethics Com	mission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCUR	RRED OBLIGATION	5 \$	•	
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories li:	sted at the top of this schedule)	(b) Description		
	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expe	ense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho	older name O	ffice sought	Office held	
Date	Payee name				
Amount (\$)	Payee address;		City:	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categories li	sted at the top of this schedule)	Description		
	Check if travel outsic	de of Texas. Complete Schedule T,	Check if Austi	in, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeh	older name O	ffice sought	Office held	
				-	
	ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEE	DED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2	FILER NAME	Heaschel Smith	3 Filer ID (Ethics Commission Filers)
4	Date	5 Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased; City	/; State; Zip Code
		7 Description of investment	
		8 Amount of investment (\$)	
	Date	Name of person from whom investment is purchased	
		Address of person from whom investment is purchased; City	; State; Zip Code
		Description of investment	
		Amount of investment (\$)	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) HERSchel 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code TYPE OF **Political** Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **Political EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor

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

Contributions/Lonations Made Candidate/Officeholder/Politic		Expense Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME HEXSCHEL Sm	ih	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) 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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	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/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	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 <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			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule H:	2 FILER NAME HEASCHEL Su	nill	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(C) Check if travel outside of Taxas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	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/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
en enditoite	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME HEXSCHEL SMIT	3 Filer ID (Ethics Com	nmission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of in required.)	nformation	
Date	Payee name			
Amount (\$)	Payee address;	City State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of it required.)	nformation	
Date	Payee name			
Amount (\$)	Payee address;	City State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of in required.)	nformation	
Date	Payee name			
Amount (\$)	Payee address;	City State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
2 FILER NAME	Heaschel Smith	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)	
	6 Address of person from whom amount is received; City; St	State; Zip Code	
	7 Purpose for which amount is received	if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; S	State; Zip Code	
	Purpose for which amount is received Check in	if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; St	State; Zip Code	
	Purpose for which amount is received Check i	if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; S	State; Zip Code	
	Purpose for which amount is received	if political contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide	explains how to complete this form	1 Total pages Schedule T:		
2 FILER NAME HERSCHEL SMITH		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported	d on:			
		schedule C2 Schedule D Schedule E1		
		schedule C2 Schedule D Schedule F1		
		chedule H Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Name o	Dates of travel 7 Name of person(s) traveling			
8 Departu	8 Departure city or name of departure location			
9 Destinat	9 Destination city or name of destination location			
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported	d on:			
Schedule A2 Sch	edule B Schedule B(J)	schedule C2 Schedule D Schedule F1		
Schedule F2 Sch	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS			
Dates of travel Name of	Dates of travel Name of person(s) traveling			
Departu	Departure city or name of departure location			
Destination city or name of destination location				
Means of transportation	Purpose of travel (including name o	f conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2 Sched	ule B 🔲 Schedule B(J) 🔲 Sch	edule C2 Schedule D Schedule F1		
Schedule F2 Sched	ule F4 Schedule G Sch	edule H Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of	f conference, seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		Water the second		
	The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ↔			
		Complete only if Report type on page i is marked. Fin	al Report* ••	
1	C/OH N	Heaschel Smith	2 Filer ID (Ethics Commission Filers)	
3	SIGNA	TURE		
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.			
	_	Signatu	ure of Candidate / Officeholder	
4		LER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••		
	A.	CAMPAIGN FUNDS		
	Checi	conly one:		
		I do not have unexpended contributions or unexpended interest or income earned fr	rom political contributions.	
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
	В.	ASSETS		
	Chec	conly one:		
		I do not retain assets purchased with political contributions or interest or other income from political contributions.		
		I do retain assets purchased with political contributions or interest or other income fithat I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to	
		·	Signature of Candidate	
			•	
5	5 OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••			
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		S	ignature of Officeholder	