CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains how	to complete this form.	1 Filer 1D (Ethics Commission Filer	s) 2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST HENSCHEL	e MI	OFFICE USE ONLY
	NICKNAME	Smith	SUFFIX	Waller Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O B	APT / SUITE #: 0	OITY: STATE: ZIP CODE 1 RIE VIEW TX 77446	JAN - 5 2024 RECEIVED
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 8	PHONE NUMBER 89 - 85 Z 9	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	SHAZON	MI A	Receipt # Amount \$
TO WELL	NICKNAME	Boothe- S	on ith	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE), APT / SI		STATE; ZIP CODE
TREASURER ADDRESS	1			f 77446
(Residence or Business)		2,00		
8 CAMPAIGN TREASURER PHONE	(28/) 8	PHONE NUMBER 83 - 9887	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	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 / 2023	THROUGH 12	Day Year 3/3//2023
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) WMIEK GU	any Constable Po	13 OFFICE SOUGHT (if kno	own)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE C.	MADE BY POLITICAL COMMITTEES TO SUPPORT AMDIDATES OR OFFICEHOLDER'S KNOWLEGGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS	808	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
Marin Carlos and and Albandara Car	o december as light from the	GO TO	PAGE 2	and the second

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			
15 C/OH NAME	Heaschel C Smi	K	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		s 875 · °°
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS	, \$23,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	. EXPENDITURE.	\$ 208.33
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 18,464.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS (OF THE \$
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			
	Please compl	ete either option belo	w:
(1) Affidavit	Oscar Lloyd Price Oscar Lloyd		
NOTARY STAMP/SEA		2	ITTO T
Swom to and subscribed		Smith this the	
20 Z 7 Koeertify	y which, witness my hand and seal of office.	LLOYD PRICE	NOTARY
Signature of officer administr		er administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion		
My name is		, and my date of birth i	is .
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of(mon	th) , 20
Anno City and the Confession of Wood II and		Signature of Cano	lidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME HERSCHEL C Smith 20 Filer ID (Ethics Con	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,725	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s Ø	
4.	SCHEDULE E: LOANS	\$ Ø	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,464.53	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s Ø	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s Ø	

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 C Smith	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#) 8/14/23 6 Contributor address City; State; Zip Code 1/1/1 AZA/eq Bend, Sugar/AND TX 77479	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct Reserve F	
Date Full name of contributor out-of-state PAC (ID#:) 8/14/23 Contributor address City: State; Zip Code 2009 18th St. Pot Arthur Ty 77640	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Regerve /	· ·
Poste Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Reserve / Principal occupation / Job title (See Instructions)	, '
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Finding occupation / Job title (See Instructions) Finding occupation / Job title (See Instructions) Finding occupation / Job title (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1:		
2 FILER NAME HERSChel C Smi	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor out-of-state PAC SAMUEL John Son 6 Contributor address City; 218 BICKEH Lane, Spin	State; Zip Code #250 ' *** The property of the contribution (\$)		
8 Principal occupation / Job title (See Instructions) Peace Office	9 Employer (See Instructions)		
Date Full name of contributor out-of-state PAC Robyn Howard Contributor address City; 2711 & BNANWby CIC Principal occupation / Job title (See Instructions)	State: Zip Code		
Reace offices			
Solution address City; 15402 TEAUTS FALLS DR. Up	State; Zip Code CESS TV. 77 429 Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Cace Officed	Employer (See Instructions) Reserve		
Date Full name of contributor out-of-state PAC DaphNe Steven Son Contributor address City; 4835 Elkmont CT. Re	Amount of contribution (\$) State; Zip Code AVIGNO TYC 77584		
Principal occupation / Job title (See Instructions) PLACE Office	Receive WPc73		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE A1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME HERS Le C SMI	Th.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ### Date ###	State; Zip Code	7 Amount of contribution (\$) \$\int 500 \cdot\$
8 Principal occupation / Job title (See Instructions) Peace Officer	9 Employer (See Instruct W Pcf 3	dions)
Date Full name of contributor out-of-state PAC 8/15/23	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
8/19/12 ANN GLASGOW	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Peace Office A Walles County		
Date Full name of contributor out-of-state PAC 8/15/23 DANNY MUHAMMACH Contributor address City; 224 56 Vincent RD. Wi		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Peace Office	Employer (See Instruct ARBUIL / W	
ATTACH ADDITIONAL COPIES (

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.	Total pages Schedule A1:
2 FILER NAME	HERSChel C Smi	1/4 3	Filer ID (Ethics Commission Filers)
4 Date 8 U 23	5 Full name of contributor □ out-of-state PAC RANDAII TURNAGE 6 Contributor address City; 311 TAYIS LN Prinefwlst	State; Zip Code	Amount of contribution (\$) \$500.
		9 Employer (See Instruction W PC+3	is)
Date		(10#:)	Amount of contribution (\$)
81923	A Ly SSA & WALLACE Contributor address City; 25130 HATPELS GECK CT. F	State; Zip Code YESNOTY 17545	\$500° CO
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	98)
leac	e Officer	Reserve/WR	73
Dete 8/18/23	Habert Hurry JR.	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Pea	ce Officer	Reserve / W	•
Date 8/14/23	Full name of contributor out-of-state PAC DARYI Thorn fon Contributor address City: 1221 FONDRY # 1107 Hot	State; Zip Code	Amount of contribution (\$)
0	pation / Job title (See Instructions)	Employer (See Instruction	
Peace	Officer	Keserve / WPC	T3

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

SCHEDULE A1

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

The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME HERSCHEL C Sm.	ith	3 Filer ID (Ethics Commission Filers)
4830 BULMA RD HOUSTE	State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	
Date Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
5/17/ Juderlane Vialet Contributor address City: 25915 Tuckahoe lane,	State; Zip Code Spling T+ 77373	\$200. W
Principal occupation / Job title (See Instructions)	Employer (See Instruct Reserve W	
Date 8/14/23 Part Milliams Contributor address City; 8302 Docket AD Hous	Slate; Zip Code	Amount of contribution (\$) \$625.5
Principal occupation / Job title (See Instructions)	Reserve W	
Date Full name of contributor out-of-state PA	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruc	4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	HERSCHEL C Smi	th	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC DESTREE TORRIE 6 Contributor address; City; 20806 For trot CT Admble	State: Zip Code	7 Amount of contribution (\$) \$\\$500^{\cdot}\$
	pation / Job title (See Instructions) Conficent	9 Employer (See Instruction Reserve W R	-
Date 8/15/23	DAVID OWERS	State; Zip Code J T 77045	Amount of contribution (\$)
	ation / Job title (See Instructions) Le OfficeL	Employer (See Instruction Reserve W	. *
8 19 23	Full name of contributor out-of-state PAC Terold Reece Contributor address; City; 21119 No BASIIdon CT. F	state; Zip Code bu SDN TY 77073	Amount of contribution (\$) \$250 -
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 8/22/23	Full name of contributor out-of-state PAC TESUS CATMONA Contributor address; City; 6 530 McGrew St. House	State; Zip Code	Amount of contribution (\$)
	action / Job title (See Instructions)	Employer (See Instruction BUSINERS O	11
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			
	ii contributor is out-ot-state PAC, please see Instru	ction guide for additional re	porting requirements.

SCHEDULE A1

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

The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	HERSCHEL C Smi	th	3 Filer ID (Ethics Commission Filers)
1	Full name of contributor out-of-state PAC RON CATNOCA Contributor address; City; 19202 Hopeview CT. KA		7 Amount of contribution (\$) \$300.00
Ι	tion / Job title (See Instructions)	9 Employer (See Instruct Resente W	A *
Date 923	Full name of contributor out-of-state PAG QUAWANNA GIAVES Contributor address; City; 318 Reminer for CT. How	State; Zip Code 1570 N T 170 7 3	Amount of contribution (\$)
Principal occupati	ion / Job title (See Instructions)	Employer (See Instruct	ions)
8 2 23	CARITA Sumore	State; Zip Code STGAD TY 77445	Amount of contribution (\$) \$250. 58
H	ion / Job title (See Instructions)	Employer (See Instruct Reserve / U	
Date 9 28/23	Full name of contributor out-of-state PAC ADRIAN ADAMS Contributor address; City; 1409 Way two the STAPT Ho.	State; Zip Code USTON THOO	Amount of contribution (\$)
Principal occupati	ion / Job title (See Instructions) Office	Employer (See Instruct Reserve W/	ions) UT3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME HERSCHEL C Smith		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (IDS:		7 Amount of contribution (\$) \$\psi\$ 1575 \cdot \textsquare{0}\$	
8 Principal occu	pation / Job title (See Instructions) ATTO/Neg	9 Employer (See Instruct ATTOLN CM	
Date 8/2/23	Full name of contributor out-of-state PAC Ben HALL Contributor address; City; 530 LoJett BIJD HOUSTO	State; Zip Code VTY 7100 6	Amount of contribution (\$)
Principal occup	ATTOMY	Employer (See Instruct	tions)
Principal occup	Full name of contributor out-of-state PAC Sugmeth Jackson Contributor address; City; 3230 Fm 1463 RD Att 9102 Dation / Job title (See Instructions)	State: Zin Code	Amount of contribution (\$) \$\\$\\$200.
Date 929 23 Principal occup	Full name of contributor out-of-state PAC CLARINCE Hodges Contributor address; City; 2514 Houduson in Deer Deation / Job title (See Instructions)	State: Zin Code	Amount of contribution (\$)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	FEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME HERSCHEL C Smith	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#: 9/2/23 6 Contributor address; City; State; Zip 1921 4th St. Hemp Stand Tt 770			
8 Principal occupation / Job title (See Instructions) Reflect See Instructions) Semployer	(See Instructions) (Ed		
Date Full name of contributor out-of-state PAC (ID#:	Code (1,000)		
1 0 0	See Instructions) Ve Wlot3		
Date Full name of contributor out-of-state PAC (ID#: 9/2/23 MAY(SOI ROSED) Contributor address; City; State; Zip 1900 th Johnson, Taylor TY 765	50		
Principal occupation / Job title (See Instructions) Employer	(See Instructions) Acol		
Date Full name of contributor out-of-state PAC (ID#: 9/1/3 Eddic Smith Contributor address; City; State; Zip (15943 DARton St. Houston Tt. 770	Amount of contribution (\$) Code \$150		
Principal occupation / Job title (See Instructions) TRUCK DX I U CA Decrease	See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME HERSCHEL C Smith	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) CONRAD Levy 6 Contributor address; City; State; Zip Code A00 2 highland VAIE CT. FIESNO TY 77545	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Place Officer Reserve	tions)
Date Full name of contributor Out-of-state PAC (ID#) AMIR Abuziam Contributor address; City; State; Zip Code 7650 Elm Grek RD. Sequin T+ 78155	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) BUSINESS DWNEL AVFO SMES	tions)
Date Full name of contributor out-of-state PAC (ID#:) 11 21	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Cousultant Owner	Itions)
Date Full name of contributor out-of-state PAC (ID#:) 8/24/23 PATICE Graves Contributor address; City; State; Zip Code 318 Remination CT HOUSTON TY 77073	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	AEEDED.

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	ers)
	ers)
A Date	
5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) SAMUEL JOHN SON 6 Contributor address: City; State; Zip Code 9570 WAINUH ST. P.OBO 4538 Richards TY 77873	
8 Principal occupation / Job title (See Instructions) Cace O(LICLA 9 Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) #25/23 Contributor address City; State; Zip Code P. O BO + 855 HempStead TY 71445	
Principal occupation / Job title (See Instructions) Peace Officer Prairie View	*
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Sextha Wolfe Contributor address: City; State; Zip Code P-0 Box 779 Hempstead Ty 17445	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributorout-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.

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

in the requested information is not applicable, DO NOT includ	e this page in the report.	
The instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:	
2 FILER NAME HEXSCHOL C Smith	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#: 7 Contributor address; City; State;	Zip Code 8 Amount of 9 In-kind contribution description Jacob	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State;	Amount of In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (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	HIS SCHEDULE AS NEEDED	

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 Sched	ule 8:
2	FILER NAME	HERSCHEL C Smith		3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor uut-of-state PAC (ID#		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta			
				Check if travel outs	I. ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta			
				Check if travel outsi	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		
				Check if travel outs	l ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code		
				Check if travel outs	I _ ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
			-		
	If	ATTACH ADDITIONAL COPIES (requirements

Forms provided by Texas Ethics Commission

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	exschel Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan		PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
☐ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Description of Col	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
_	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	on (See Instructions)	Employer (See Instructions)	
aphabata par is indigenious as in [fu]	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

Forms provided by Texas Ethics Commission

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/Mages/Contract Lebor

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME HEASCHEL C	Smith	3 Filer ID (Ethics Commission Filers)
4 Date 8/31/23	S Payee name JAMES Smith		
\$ Amount (\$) \$ 1537,50	7 Payor address: 6879 Neiman RD. Hempstead T	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expenses		nd cut meat the Event
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 8/2/23	Prairie View Houston Alui	mni Chapter	
Amount (\$) \$300 - 50	Payee address; P.D. Box 88085 Hou	City; STON TY	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Contribu	tion
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	In, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
7/8/23	Payee name IGV MINISTRES		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1000.00	13720 Smokey T1911 DK.	HOU STON	T+ 77041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) $Dona \ \ ho \ \ W$	Contribution	ow to fundraise
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
and the second second second	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED Agency comments and the property operations are the comments of the comme

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
Cendidae/Officeholder/Political Committee

Event Expense Feas Food/Beverage Expense Gift/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor.

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME HEASCHEL C	Smith 3 Filer ID (Ethics Commission Filers)
1 9 23	5 Payee name New 210N MISSO 7 Payee address:	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$300-00	1505 DANS by ST	BRYANTY 77803
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	DONATION	TO FUNDRAISEN
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/12/23	Haschel Smith JR.	
Amount (\$)	Payee address;	City; State; Zip Code
\$400-00	2911 El Dokado Blud	Apt 3204 Frends wood TY 77546
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event Expense	DJ for an event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 8/13/23	Payee name New ZION MB	
Amount (\$)	Payee address;	City; State; Zip Code
\$100.00	1505 DANSby ST.	Brynn T+ 77803
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	DONATION	DONATION
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Ade	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cendidate/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/Contract Labor

Cendidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries AV The Instruction Guide explains how to committee	ages/Contract Labor omplete this form.	Other (enter a catagory not listed above)
1 Total pages Schedule F1:	2 FILER NAME HERSCHEL C	Smith	3 Filer ID (Ethics Commission Filers)
4 Date 8/15/23	5 Payee name David Amal	Fi	
6 Amount (\$) \$ 250 ' 00	7 Payee address; 13010 Mills Bend	City: Housrow	State; Zip Code T \(\frac{77070}{} \)
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVent Expense	(b) Description Purchase	: DUTDOOR FAN
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
8 27 23	ACADEMY AD VEHISING	Specialities	
Amount (\$) 30	Payee address; 830 MAJESHC ST. H	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVENTS IN 9 & PRISE	Description \$\text{\$\Q \q N \text{\$S\$}}\$	AWAXD
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/21/23	ACADEMY ADVENTISING	& AWARDS	
Amount (\$)	Payee address; 830 MAJC8AC STX-CEN	t, Housto	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVENTISING EYPMSE	Description Surks	SigNS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
and the state of t	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED and the presentation will be beauty and no visually

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/Oficeholder/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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V	lages/Contract Labor Other (enter a category not listed above)
Croun Card Paymons	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	HERSCHEL C	Smith 3 Filer ID (Ethics Commission Filers)
4 Date 4 28 23	5 Payee name MICHAEL DAVIS	
\$ Amount (\$)	7 Payee address; 1700 W Algel Ave #A	Rosenberg Tt 77471
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVEAUS (U.Y. Expunse)	(b) Description Campaign SigNS
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8 2 1 23	Timmy Evans for	Constale
Amount (\$)	Jimmy Evans for Payee address; 9711 S MASAN ROAD	SE125, RICHMOND TY 77407
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	EVNDIGISING EVENT
	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 8 28 23	Payee name Nekol TURNER	
Amount (\$)	Payee address; 42851 Lewisville RD	City; State; Zip Code Hempstead T+ 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) & Vent & Pense	Description Server at event
	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
Maria deleta de la regula de la Contamina de po-	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Mages/Contract Labor

Credit Card Payment	The instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME HERSchel C Smith 3 Filer ID (Ethics Commission Filers)
4 Date 9/2/23	5 Payername PAULA SANDLES
6 Amount (\$)	P. D Box 902 Prairie View TY 77446
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses Decoration at event
;	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held
Date 9/2/23	Payee name Jackie Yell
Amount (\$)	Payee address; City: State; Zip Code P. 0 B04 2575 Prairie View T+ 77446
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Byent Express Event Deeck.
	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 / Office held Office sought Office held
Date 9/4/23	Herschel Smith JR.
Amount (\$)	Payee address; City; State; Zip Code 2911 El Dorado Blvd Apt 3204; Friendswood Tt 77546
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Description DT & PA System
	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 / Office hold Office sought Office held
ing the state of the state of the contribution of the box	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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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 Satarles/Maces/Contract Labor

Credit Card Payment	The instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME HERSChel C	Smith	3 Filer ID (Ethics Commission Filers)
4 Date 9 5 23	5 Payee name SHARON SMITH		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1723.82	P.D Box 653 Prairi	e View	T+77446
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expenses	Reimburs	ement for Supplies
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 21	Payee name	<i>.</i>	
9/20/23	Seedz Harrest Coma	waity Odre	ach
Amount (\$)	Payee address;	City;	State; Zip Code
\$500 - D	P. O Box 772 Pr	aire View	TY 77446
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION	DONA	non
	Check if travel outside of Texas. Complete Schedule 1.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/21/23	Mr Cornth Bapt	st	
Amount (\$)	Payee address;	City;	State; Zip Code
\$500.D	806 7th ST Hemp	stead 7	77445
, i	Category (See Categories listed at the top of this schedule)	Description	_
PURPOSE OF EXPENDITURE	DONAMON	for use	of Ghulch
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
taggilles against a transportation of the	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED or top container. Are not to undertailed the or court with relations

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME HERSChel C Smith 3 Filer ID (Ethics Commission Filers)
4 Date 10/1/23	7 Payee address; Device Payee address; Device Payee Address; City; State; Zip Code
\$ 20 0 - 75	7 Payee address; City; State; Zip Code 1505 DAWSby ST. Brynn T4 77803
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Fundial Sex Event
	(C) Check if travel outside of Taxas. Complete Schedula T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holder name Office sought Office held
Date 10/10/23	Payee name SHAKON SMH
Amount (\$)	Payee address: City; State; Zip Code P.O. Box 653 Prairie View T+ 77446
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Reumbur Sement
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ilving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held
Date 10/13/23	Bethleham BAPHST CHUTCH
Amount (\$) 100 mg/s	Payee address; City; State; Zip Code 1208 M CADOW ST. HOUSTON TY 7702-0
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION DONATION
	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
mages transport and the second of the second	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Donations/Donati

Event Expense Fees Food/Beverage Expense Glavards/Memorials Expense I anal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Sataries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME HERSCHEL C	Smith	3 Filer ID (Ethics Commission Filers)
4 Date 9 24 23	5 Payee name South New Hope BA 7 Payee address:	phst	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 100-00	611 CALVERT ST.	Franklin	TY 77856
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION	DONATION	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 9 23 23	Payee name		
(20/2)	SHAron Smith		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 432	P. O BOX 653 P.	Paille View	T+ 77446
	Colones (0 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Description INK 90	d Supplies Reimbulsement
OF		INK 90	of Supplies Reimbulsement TX, officeholder living expense
OF	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	INK 90	
OF EXPENDITURE Complete ONLY if direct	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	INK 90	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Megen Sword	INK 90	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 92123	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Megen Sword	Check if Austin, Office sought	TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date P 2 1 23	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Megen Sword	Check if Austin, Office sought	TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 92123	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Megen Sword	Check if Austin, Office sought	TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 92123	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Megen Sword Payee address; 352 Spanish Stone	City;	Office held State; ZIp Code 774 774 93
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 92123 Amount (\$) 9000000000000000000000000000000000000	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Megen Word Payee address; 352 Spanish Strone Category (See Categories listed at the top of this schedule)	City: Da. Kah Description Con Sul-fa	Office held State; ZIp Code 774 774 93
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 92123 Amount (\$) 911000	Event Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Megen Sold Payee address; 352 Spanish Strone Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City: Da. Kah Description Con Sul-fa	State; ZIp Code 774 774 93

SCHEDULE F1

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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 Good-Beverage Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to o		er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME HERSCHEL C	Smith 3 Filer 1	D (Ethics Commission Filers)
4 Date 10/28/23	SUNIVER		
6 Amount (\$)\	7 Payee address;		State; Zip Code
\$500.00	P. D BOY 1432	Missouri City	TY 77459
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION	DONATION	
	(C) Check if travel outside of Taxas. Complete Schedule T.	Check if Austin, TX, officeh	older tiving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date Jada 2	Payee name		
192925	WATER COUNTY CHA	rities INC	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200-00	P. O BOX 640, WA	11ex T + 774!	84
	Category (See Categories listed at the top of this schedule)	Description	1
PURPOSE OF EXPENDITURE	DONATION	DONATION	J
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	older living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
11/5/23	ST Peters BAptis	+ awrch	
Amount (\$)	Payee address;	/ City;	State; Zip Code
\$230. D	805 18th ST. H	tempsread Ty	177445
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION	DONATION	/
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	older living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
1 44 5 7 1 1 4 Epite / Edward Co. 1 200 Edward Co.	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	The part of the second second second second

SCHEDULE F1

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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
Gitt/Awards/Memorials Expense
Lenel Services

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Mi The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME HEASCHEL C	Smith 3 Filer ID (Ethics Commission Filers)
4 Date 10/20/23	5 Payee name CIEF for Wilson	2
6 Amount (\$)	7 Payee address: 525 Sqiwt Baibe St.	City: State; Zip Code Hemp Stead Tt 77445
8 BURBOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Expenses	DJ for Event
	(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
10/21/23	ST. FLANCES EPECE	opol Chuich
Amount (\$)	Payee address: 204 Dooley Street	City; State; Zip Code + Prairie View TX 77446
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	DONATION	DONATION
	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 10/23/23	Michale Forman H.S.	
Amount (\$)	Payee address: 1833 RICHMOND PKWY St	city: State; Zip Code e 2100 RICHMOND TY 71469
BHIDDOSE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	DONATOON	Contribution to tUNDRAISER
N. I	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
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Dionations Made By
Candidate/Dionation

Event Expense
Fees
Foot/Beverage Expense
Gott/Awards/Memorials Expense
Legal Services

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

Credit Card Payment	The instruction Guide explains how to co	Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME HERSCHEL C	Smith 3 Filer ID (Ethics Commission Filers)
4 Date 12/2/23	5 Payee name WALLCA County	Democratic Party
6 Amount (\$)	1 , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Oily, State, Zip Code
\$750-50	1739 13th Street	Hempstead TX 77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Polling Expanse	San up fee.
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/11/23	Lee Jones	VR
Amount (\$)`	Payee address;	City; State; Zip Code
\$ 150-36	4928 Fm 359 RD	. Parreason TX 77423
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	CAMPAIGN Contr. Lutron	CAMPAIGN CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date ,	Payee name	
12/11/23	Lenz Noirre Desi	915
Amount (\$)	Payee address;	City; State; Zip Code
\$600.00	2410 TAYLOR STREET	#22303, DALLAS TY 75201
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Printing Expense	CAMPAIGN Expunses
	Chack 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
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SCHEDULE F1

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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
Grant Services

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

Cardidate/Omcenoider/Political Credit Card Payment	The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME HERSChel C	Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	CATT 10 C	
10/16/23	ACADEMY Sports		66
6 Amount (\$)		City;	State; Zip Code
\$ 129.89	28616 USZ90 GAP	city; Yess T4	774 33
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Tent Purch	ase.
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/20/23	Payee name WACMART Supucent	eh	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 287.46	26270 NW Fwy G	ypiess T	77429
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Elent Expenses	Turkey	GIJAWM
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/20/23	WALMART		
Amount (\$)	Payee address;	City;	State; Zip Code
\$294.41	26270 NW Fwy Cyp	Kess	TX 77429
	Category (See Categories listed at the top of this schedule)	Description	2
PURPOSE OF EXPENDITURE	Event Expense	TUKLY	Gruny
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
estes Alba di estillatione per desperan	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED on the 319 Dather crowledge Middle School responsibility

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relate

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)			
The instruction Guide explains how to complete this form.						
1 Total pages Schedule F2:	2 FILER NAME HERSCHEL	C. Smith	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	MIZED UNPAID INCURRED OBL	IGATIONS	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State Zip Code			
9 TYPE OF EXPENDITURE	Political [Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description				
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political [Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of ti	his schedule) Description				
	Check if travel outside of Texas. Comple	ete Schedute T. Check if A	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
have a little or one parties and the state of a spall rest of the state of	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3;
2 FILER NAME	HERSCHER C 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; Cit	y; 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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	Janes .	
and the second	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Il Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lafts how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME HERSCHEL	2 Sanith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	DTOACREDIT CARD	\$
5 Date	6 Payee name		<u> </u>
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	this schedule) (b) Description	
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Au	ustin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of t	this schedule) Description	
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	sustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
and the state of t	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awardemorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		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 HEASCHEL C.	Smith	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 <u>ONLY</u> 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/	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED reflective resources and process processing of the second section of

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Ou		Travel Out Of District Other (enter a categor	y not listed above)			
1 Total pages Schedule H:	2 FILER NA	HORSChel	C	Smith	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business					-
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(c) c	heck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O		ite / 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 se	chedule)	Description		
	c	heck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ite / 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 s	chedule)	Description		
		heck if travel outside of Taxas. Complete So	hedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
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SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME HERSCHEL C SV	nith	3 Filer ID (Ethics Co	mmission 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 required.)	instructions regarding type of	information
Date	Payee name			· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See required.)	instructions regarding type of	information
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 Sched	lule K		
2 FILER NAME	Heaschel C 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; Sta	te; Zip Code			
	7 Purpose for which amount is received	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
zi zi	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received	political contribution	returned to filer		
Date	Name of person from whom amount is received	,	Amount (\$)		
#C	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received	political contribution	returned to filer		
mater to result the party	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

The Instruct	tion Gulde	1 Total pages Schedule T:						
2 FILER NAME HG	FILER NAME HERS Chel C. Smith 3 Filer ID (Ethics Commission Filers)							
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expenditure reported on:								
Schedule A2	☐ Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel	7 Name of person(s) traveling							
1	8 Departure city or name of departure location							
•	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 / Expenditu	Contribution / Expenditure reported on:							
Полья II	Coho	dula B						
Schedule A2	☐ Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of	person(s)	traveling					
<u> </u>								
	Departure city or name of departure location							
	Destinati	on city or i	name of destination l	ocation				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expenditu	ire reported	on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1								
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling								
-	Departure city or name of departure location							
	ion city or name of destination location							
Means of transportation		Purpose of travet (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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The Instruction Guide explains how to complete this form.									
		→ Complete only if "Report Type" on page 1 is marked "	rınaı Keport" ↔						
1	C/OH N	HORSCHEL C 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.									
		Sigi	nature of Candidate / Officeholder						
4		ER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Checi	conly one:							
		I do not have unexpended contributions or unexpended interest or income earner	ed from 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.							
	B.	ASSETS							
	Charl	a mba maa							
		conly one: I do not retain assets purchased with political contributions or interest or other in	come from political contributions.						
		I do retain assets purchased with political contributions or interest or other inconthat I may not convert assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with purchased with purchased of Election Code, § 254.204.	other income from political contributions to						
			Signature of Candidate						
5		EHOLDER plete 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.								
6/10		Kraftinda Kristo, Kuller vo Testo oli tomboli o sve venerom oli neg promo vidro ko data nekoli di Promo della sovere se su	Signature of Officeholder						