

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Daniel MI			OFFICE USE ONLY		
	NICKNAME Dan	LAST Smith	SUFFIX	Date Received Waller Co. Elections JAN 15 2026 RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6335 Deer Run Xing Katy, TX 77493			Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (8 3 2) 377-7082			Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. FIRST Kathy MI M			Date Processed		
	NICKNAME Smith	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6335 Deer Run Xing Katy, TX 77493					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (2 1 4) 636-4174					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month 7	Day 15	Year 2025	Month 12	Day 31	Year 2025
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Katy City Councilmember, Ward A			13 OFFICE SOUGHT (if known) Waller County Commissioner, Precinct 4		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Dan Smith

16 Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION
TOTALS**

1. 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)

\$ 5,750

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 2,419.82

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 4,041.32

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 472.17

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dan Smith, and my date of birth is 4/24/1983.

My address is 6335 Deer Run Crossing, Katy, TX, 77493, Waller.

(street)

(city)

(state)

(zip code)

(country)

Executed in Waller

County, State of Texas

on the

14 day of January, 20 26.

Dan Smith

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Dan Smith	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
2. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 5,750	
3. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
5. <input type="checkbox"/> SCHEDULE E: LOANS \$	
6. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 2,419.82	
7. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
8. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
9. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
10. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 750	
11. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
12. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> 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**

2 FILER NAME	Dan Smith			3 Filer ID (Ethics Commission Filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			7 Amount of contribution (\$)
12-15-2025	Lisa Barg	City:	State:	Zip Code	\$1000
	6 Contributor address:	4225 Brent Rd Longview, TX 75604			

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			Amount of contribution (\$)
12-16-2025	Raymond Dollins	City:	State:	Zip Code	\$500
	Contributor address:	PO Box 900 Katy, TX 77492			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			Amount of contribution (\$)
12-19-2025	Juan Serna	City:	State:	Zip Code	\$1,500
	Contributor address:	2107 Harbor Breeze Ln Katy, TX 77493			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)			Amount of contribution (\$)
12-19-2025	Carlos Fraga	City:	State:	Zip Code	\$1,500
	Contributor address:	2010 Harbor Breeze Ln Katy, TX 77493			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT include this page in the report.**

<i>The Instruction Guide explains how to complete this form.</i>		1 Total pages Schedule A1: 2
2 FILER NAME Dan Smith		3 Filer ID (Ethics Commission Filers)
4 Date 12-22-2025	5 Full name of contributor Arnold Smith 6 Contributor address; 222 Leveritts Loop Wimberley, TX 78676	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-26-2025	Full name of contributor Dusty Thiele Contributor address; 26602 Park Point Ln Katy, TX 77494	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; 	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; 	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, **DONOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Dan Smith	3 Filer ID (Ethics Commission Filers)	
4 Date 12/24/2025	5 Payee name UZ Marketing		
6 Amount (\$) \$2,337.53	7 Payee address; 5900 Bingle Rd, Houston, TX 77092	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising, Signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/27/2025	Payee name Walmart		
Amount (\$) \$82.29	Payee address; 25108 Market Place Dr Katy TX 77494	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising, Supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Contributions/Donations Made By Candidate/Officeholder/Political Committee	Event Expense Fees	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting Expense		Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Gift/Awards/Memorials Expense	Polling Expense	Travel In District
		Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Dan Smith	3 Filer ID (Ethics Commission Filers)
4 Date 12/8/2025	5 Payee name Republican Party of Waller County	
6 Amount (\$) \$750	7 Payee address; 350 Hwy 290 E, Suite 7, Hempstead, TX 77445	City; State; Zip Code
X Reimbursement from political contributions intended	(a)Category (See Categories listed at the top of this schedule) Other	(b) Description Filing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held

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