

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: 6	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Daniel MI B			OFFICE USE ONLY		
	NICKNAME LAST SUFFIX Dan Smith			Date Received Waller Co. Elections FEB 02 2026 RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6335 Deer Run Xing Katy, TX 77493					
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 377-7082					Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Kathy M			Receipt #		Amount \$
	NICKNAME LAST SUFFIX Smith			Date Processed		
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					Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 636-4174					
9 REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" 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 1	Day / 1 /	Year 2026	Month 1	Day / 22 /	Year 2026
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 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)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL					
	<input type="checkbox"/> SPECIFIC					

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)

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,500

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 20.31

**CONTRIBUTION
BALANCE**

4. **TOTAL POLITICAL EXPENDITURES**

\$ 2,569.20

**OUTSTANDING
LOAN TOTALS**

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

\$ 3,962.73

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)

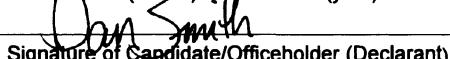
(city)

(state)

(zip code)

(country)

Executed in Waller County, State of Texas, on the 31 day of January, 20 26.



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	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,500	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE E: LOANS \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 2,569.20	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 1
2 FILER NAME Dan Smith				3 Filer ID (Ethics Commission Filers)
4 Date 1-17-2026	5 Full name of contributor Patrick Dees	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$) \$500
	6 Contributor address; 222 Leveritts Loop Wimberley, TX 78676	City;	State;	Zip Code
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 1-13-2026	Full name of contributor Responsible Government PAC	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) \$2000
	Contributor address; 5005 Riverway Ste 500	City;	State;	Zip Code Houston TX 77056
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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**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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting Contributions/Donations Made By Candidate/Officeholder/Political Committee	Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Food/Beverage Expense	Polling Expense	Travel In District
		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		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: 2	2 FILER NAME Dan Smith	3 Filer ID (Ethics Commission Filers)	
4 Date 1/2/2026	5 Payee name Costco		
6 Amount (\$) \$699.75	7 Payee address; 23645 Katy Freeway	City; State; Zip Code Katy TX 77494	
8 PURPOSE OF EXPENDITURE	(a)Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage	
	(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 1/2/2026	Payee name Click2Mail		
Amount (\$) \$1,581.07	Payee address; 3103 10th St N, Suite 201	City; State; Zip Code Arlington VA 22201	
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers	
	<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 1/2/2026	Payee name Tractor Supply		
Amount (\$) \$152.40	Payee address; 444 FM 1463	City; State; Zip Code Katy TX 77494	
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign 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
ATTACH ADDITIONAL COPIES OF THIS 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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		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: 2	2 FILER NAME Dan Smith	3 Filer ID (Ethics Commission Filers)
4 Date 1/18/2026	5 Payee name Tractor Supply	
6 Amount (\$) \$35.67	7 Payee address; 444 FM 1463	City; Katy State; TX Zip Code 77494
8 PURPOSE OF EXPENDITURE	(a)Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Supplies
	(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 1/13/2026	Payee name Waller County Republican Party	
Amount (\$) \$80.00	Payee address; 350 Hwy 290 E, Suite 7	City; Hempstead, TX State; TX Zip Code 77445
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Ticket for event
	<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
P 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		