

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: 13

| | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------------|--|--|--------------------------|---|--------------------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Daniel | MI B | OFFICE USE ONLY Date Received Waller Co. Elections FEB 23 2026 RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | | | | | | | | | | | | | |
| | NICKNAME Dan | LAST Smith | SUFFIX | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; 6335 Deer Run Xing Katy, TX 77493 | APT / SUITE #; | CITY; Katy | | | STATE; TX | ZIP CODE 77493 | | | | | | | | | | |
| <input type="checkbox"/> Change of Address | AREA CODE (832) | PHONE NUMBER 377-7082 | EXTENSION | | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | MS / MRS / MR Mrs. | FIRST Kathy | MI M | | | | | | | | | | | | | | |
| | NICKNAME | LAST Smith | SUFFIX | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | STREET ADDRESS (NO PO BOX PLEASE); 6335 Deer Run Xing | APT / SUITE #; | CITY; Katy | STATE; TX | ZIP CODE 77493 | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | AREA CODE (214) | PHONE NUMBER 636-4174 | EXTENSION | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | 9 REPORT TYPE | | | | | | | | | | | | | | | | |
| | <input 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 checked="" 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 Day Year 1 / 23 / 2026 | | THROUGH | Month Day Year 2 / 21 / 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) | <p><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></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> Additional Pages</td> <td style="width:15%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | | | <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 |
| <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) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,800 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,836.94 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,761.22 |
| 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.

Dan Smith

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 23 day of February, 2026.
(month) (year)

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**SUBTOTAL
AMOUNT**

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,300 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 500 |
| 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 | \$ 3,836.94 |
| 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.**

| | | |
|--|---|--|
| <i>The Instruction Guide explains how to complete this form.</i> | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME Dan Smith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-2-2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danise Edmonds 6 Contributor address; City; State; Zip Code 1718 Abilene Cir Katy TX 77493 | 7 Amount of contribution (\$) \$200 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2-9-2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Fraga Contributor address; City; State; Zip Code 2010 Harbor Breeze Ln Katy TX 77493 | Amount of contribution (\$) \$1500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2-16-2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Satori Contributor address; City; State; Zip Code 10038 Briar Dr Houston TX 77042 | Amount of contribution (\$) \$500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2-14-2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Sawyer Contributor address; City; State; Zip Code 9983 Stone Creek Ln Brookshire TX 77423 | Amount of contribution (\$) \$100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED <i>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</i> | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | 1 |
| 2 FILER NAME Dan Smith | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ \$500 | |
| 5 Date 1/23/2026 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapnik Khan 7 Contributor address; City; State; Zip Code 2000 W Sam Houston Pkwy S #1400, Houston, TX 77042 | 8 Amount of Contribution \$ \$500 | 9 In-kind contribution description Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description <input type="checkbox"/> 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 THIS SCHEDULE AS NEEDED <i>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</i> | | | |

**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: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|-----------------------------------|--|
| 4 Date 1/26/2026 | 5 Payee name VistaPrint |
|-----------------------------------|--|

| | |
|---|---|
| 6 Amount (\$) \$699.75 | 7 Payee address; City; State; Zip Code 275 Wyman Street, Waltham, MA 02451 |
|---|---|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Printing |
| | <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 1/30/2026 | Payee name Walmart |
|--------------------------|------------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$43.97 | Payee address; City; State; Zip Code 25108 Market PI Dr, Katy, TX 77494 |
|-------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Printing 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 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 Candidate/Officeholder/Political Committee | | Food/Beverage Expense | Polling Expense | Travel In District |
| | | 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: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|-----------------------------------|------------------------------------|
| 4 Date 1/30/2026 | 5 Payee name Meta |
|-----------------------------------|------------------------------------|

| | |
|--|--|
| 6 Amount (\$) \$75.00 | 7 Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025 |
|--|--|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Social Media Ads |
| | (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 1/30/2026 | Payee name Meta |
|--------------------------|---------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025 |
|-------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <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 2/2/2026 | Payee name Walmart |
|-------------------------|------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$144.08 | Payee address; City; State; Zip Code 25108 Market PI Dr, Katy, TX 77494 |
|--------------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Printing 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 | Contributions/Donations Made By Candidate/Officeholder/Political Committee | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| | | 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: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|--|

| | |
|---------------------------|-------------------------------|
| 4 Date 2/2/2026 | 5 Payee name Kroger |
|---------------------------|-------------------------------|

| | | | | |
|---------------------------------|---|-------|--------|----------|
| 6 Amount (\$) \$78.00 | 7 Payee address; 2700 W Grand Pkwy N Katy, TX 77449 | City; | State; | Zip Code |
|---------------------------------|---|-------|--------|----------|

| | | |
|---|--|-----------------------------------|
| 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 2/2/2026 | Payee name Meta |
|------------------|--------------------|

| | | | | |
|------------------------|--|-------|--------|----------|
| Amount (\$) \$70.90 | Payee address; 1 Meta Way, Menlo Park, CA 94025 | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <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 2/4/2026 | Payee name Meta |
|------------------|--------------------|

| | | | | |
|------------------------|--|-------|--------|----------|
| Amount (\$) \$49.00 | Payee address; 1 Meta Way, Menlo Park, CA 94025 | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <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 | Contributions/Donations Made By Candidate/Officeholder/Political Committee | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Credit Card Payment | | Food/Beverage Expense | Printing Expense | Travel In District |
| | | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| | | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|----------------------------------|--------------------------------------|
| 4 Date 2/5/2026 | 5 Payee name Costco |
|----------------------------------|--------------------------------------|

| | |
|---|--|
| 6 Amount (\$) \$699.75 | 7 Payee address; City; State; Zip Code 23645 Katy Fwy, 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 2/6/2026 | Payee name Meta |
|-------------------------|---------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$49.00 | Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025 |
|-------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <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 2/9/2026 | Payee name Meta |
|-------------------------|---------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$49.00 | Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025 |
|-------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <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: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|-----------------------------------|--------------------------------------|
| 4 Date 2/11/2026 | 5 Payee name Costco |
|-----------------------------------|--------------------------------------|

| | |
|---|--|
| 6 Amount (\$) \$388.75 | 7 Payee address; City; State; Zip Code 23645 Katy Fwy, 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 2/11/2026 | Payee name Robocent |
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| | |
|--------------------------------|---|
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 2129 General Booth Blvd Suite 103-277 Virginia Beach, Virginia 23454 |
|--------------------------------|---|

| | | |
|-------------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Text Messaging |
| | <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 2/11/2026 | Payee name Amazon |
|--------------------------|-----------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$255.35 | Payee address; City; State; Zip Code 410 Terry Ave. North, Seattle, WA 98109 |
|--------------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Printing 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 Candidate/Officeholder/Political Committee | | Food/Beverage Expense | Polling Expense | Travel In District |
| Credit Card Payment | | 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: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|--|

| | |
|----------------------------|-----------------------------------|
| 4 Date 2/17/2026 | 5 Payee name Katy Times |
|----------------------------|-----------------------------------|

| | | | | |
|----------------------------------|---|-------|--------|----------|
| 6 Amount (\$) \$278.00 | 7 Payee address; PO Box 678. Katy, TX 77492 | City; | State; | Zip Code |
|----------------------------------|---|-------|--------|----------|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Newspaper ad |
| | (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 2/11/2026 | Payee name Meta |
|-------------------|--------------------|

| | | | | |
|------------------------|--|-------|--------|----------|
| Amount (\$) \$49.00 | Payee address; 1 Meta Way, Menlo Park, CA 94025 | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <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 2/17/2026 | Payee name Meta |
|-------------------|--------------------|

| | | | | |
|------------------------|--|-------|--------|----------|
| Amount (\$) \$49.00 | Payee address; 1 Meta Way, Menlo Park, CA 94025 | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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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: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|-----------------------------------|---|
| 4 Date 2/17/2026 | 5 Payee name Walgreens |
|-----------------------------------|---|

| | |
|--|---|
| 6 Amount (\$) \$22.72 | 7 Payee address; City; State; Zip Code 5161 Franz Rd, Katy, TX 77493 |
|--|---|

| | | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Banner |
| | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------------|---------------------------|
| Date 2/17/2026 | Payee name Meta |
|--------------------------|---------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$49.00 | Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, CA 94025 |
|-------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|-----------------------------|
| Date 2/17/2026 | Payee name Costco |
|--------------------------|-----------------------------|

| | |
|-------------------------------|---|
| Amount (\$) \$70.76 | Payee address; City; State; Zip Code 23645 Katy Fwy, Katy, TX 77494 |
|-------------------------------|---|

| | | |
|-------------------------------|---|-----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Candy |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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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: 8 | 2 FILER NAME Dan Smith | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|--|

| | |
|----------------------------|---------------------------------|
| 4 Date 2/19/2026 | 5 Payee name Robocent |
|----------------------------|---------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$108.16 | 7 Payee address; 2129 General Booth Blvd Suite 103-277 Virginia Beach, Virginia 23454 |
|----------------------------------|---|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Text Messaging |
| | (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 2/19/2026 | Payee name Meta |
|-------------------|--------------------|

| | |
|------------------------|--|
| Amount (\$) \$49.00 | Payee address; 1 Meta Way, Menlo Park, CA 94025 |
|------------------------|--|

| | | |
|-------------------------------|---|---------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Social Media Ads |
| | <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 2/20/2026 | Payee name Costco |
|-------------------|----------------------|

| | |
|-------------------------|--|
| Amount (\$) \$388.75 | Payee address; 23645 Katy Fwy, Katy, TX 77494 |
|-------------------------|--|

| | | |
|-------------------------------|---|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Postage |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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