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: 28

OFFICE USE ONLY

Date Received

RECEIVED

APR 26 2019

CITY SECRETARY'S CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms. | FIRST: Claudette | MI: R

NICKNAME | LAST: Smith | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 4410 Van Kriston Dr. | APT / SUITE #: | CITY: Amarillo, | STATE: TX | ZIP CODE: 79121

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (806) | PHONE NUMBER: 678-5261 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Arthur | MI: C

NICKNAME | LAST: Acord | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 3440 Bell St, Ste 320 | APT / SUITE #: PMB 238 | CITY: Amarillo, | STATE: TX | ZIP CODE: 79109

8 CAMPAIGN TREASURER PHONE

AREA CODE: (806) | PHONE NUMBER: 283-3677 | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☑ 8th day before election
- ☐ Runoff
- ☐ Exceeded $500 limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 03/26/2019 THROUGH Month Day Year: 04/24/2019

11 ELECTION

ELECTION DATE: Month Day Year: 05/04/2019

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☑ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Ms. Claudette R Smith

15 Filer ID (Ethics Commission Filers):

16 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.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	N/A
☐ SPECIFIC	COMMITTEE ADDRESS: N/A
	COMMITTEE CAMPAIGN TREASURER NAME: N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS: N/A

☐ Additional Pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 102.94
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2850.88
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
	4. **TOTAL POLITICAL EXPENDITURES**	$ 6971.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2332.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 9658.96

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
MICHELLE DYE
NOTARY PUBLIC STATE OF TEXAS
MY COMM. EXP. 07/05/2020
NOTARY ID 13072020-0

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Claudette Smith
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Claudette R Smith, this the 26 day of April, 20 19, to certify which, witness my hand and seal of office.

Michelle Dye	Michelle Dye	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Ms. Claudette R Smith	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2597.94
2.	☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 150.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	☑ SCHEDULE E: LOANS	$ 3296.57
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 6009.33
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
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	$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)
3/26/2019	Clint Edwards 1609 S. Jackson Amarillo, TX 79102	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
3/26/2019	Paula o'Cairre 817 S Maryland St Amarillo, TX 79106	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
3/27/2019	Antonio Cortinaz 7035 99th St Lubbock, Texas 79424	20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
3/29/2019	Jimmie Smith 6206 Landon Dr. Amarillo, TX 79119	$100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/29/2019	Benjamin Higdon 7028 Chelsea Amarillo, TX 79109	$20.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/30/2019	Gordon Miller 5112 McCarty Blvd Amarillo, TX 79110	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/31/2019	Cody Elliott 7413 baughman dr Amarillo, TX 79121	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
3/31/2019	Ricci Ford 7312 Gainsborough dr Amarillo, TX 79121	$50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/4/2019	Stephen Bilodeau 6112 Ridgewood Dr Amarillo, TX 79109	$20.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/4/2019	Casey Tebo 6315 Mayer Court Amarillo TX 79109	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/4/2019	James Wright 110 Sunset Terrace Amarillo, TX 79106	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/4/2019	RT Hicks Photography 1801 s. Van Buren Amarillo, TX 79102	$10.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)
4/4/2019	Burnice Massey 1616 N.Williams St. Amarillo, TX 79107	$5.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/4/2019	Darryl Wertz 1607 Jordan St Amarillo, TX 79106	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/4/2019	Terry Wilcox 904 S Bivins Amarillo, TX 79104	$25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/4/2019	Stephen Dunlap 7411 Gainsborough Amarillo, TX 79121	$25.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
4/5/2019	Denny Antel 6 Contributor address: City: State: Zip Code 4400 Mountain Dr Amarillo, TX 79108	$40.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4/5/2019	Amy Glenn Contributor address: City: State: Zip Code 9302 Kori Dr Amarillo, TX 79119	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
4/5/2019	Stephen Whigham Contributor address: City: State: Zip Code 2906 S. Apache Amarillo, Texas 79103	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4/5/2019	Clyde Fauria Contributor address: City: State: Zip Code 8417 Broadway Dr. Amarillo, TX 79108	$50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/8/2019	Elisa Pardo 3412 Meadow Dr. Amarillo, TX 79109	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/11/2019	Sandera Dear-DeWeese 3801 Line Ave, Amarillo, TX 79106	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/11/2019	Amado Rodriguez 4700 S Virginia St, Amarillo, TX 79109	$20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/13/2019	Kelly Weatherford 400 Casino drive Amarillo, TX 79118	$20.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)
4/13/2019	Bunny Leathers 3500 Timber Drive Amarillo, TX 79121	$50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/13/2019	Justin McNabb 4813 Hall Avenue Amarillo, TX 79109	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/5/2019	Connie Hill 305 N. Georgia Amarillo, TX 79106	$200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/14/2019	Michael Lineman 2620 N Grand Amarillo, TX 79107	$50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)
4/14/2019	Robert Cisneros 3403 Palmer Dr Amarillo, TX 79109	$50.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/16/2019	David Allee 7627 Cervin Drive Amarillo, TX 79121	$5.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/17/2019	Robert Briggs 5725 Mary Dell Dr. Amarillo, TX 79109	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)
4/19/2019	Lucy Lopez 2917 S Fairfield Amarillo, TX 79103	$25.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/19/2019	Rikki Lamb 511 Park Ave Amarillo, TX 79108	$50.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/21/2019	Glenda Wilkins 5412 Southside Dr Amarillo, TX 79109	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/22/2019	Jennifer Tucker 7120 IH-40 West, Suite 105, Amarillo, TX 79106	$500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
4/23/2019	Gary Prescott 10101 Amarillo Blvd W, Amarillo, TX 79124	$200.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:)	**7** Amount of contribution ($)
3/25/2019	Barret Carter **6** Contributor address: City: State: Zip Code 4522 Shawnee, Amarillo, TX 79109	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
4/18/2019	Ronnie Kenyon Landscape and Sprinkler Contributor address: City: State: Zip Code 1625 N Woodland St, Amarillo TX 79107	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2: 1
2 FILER NAME Ms. Claudette R Smith	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 0

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:)	**8** Amount of Contribution $	**9** In-kind contribution description
4/14/2019	Paige Butler **7** Contributor address: City: State: Zip Code 7415 Park Ridge Dr. 79119	$150.00	Advertising Sign ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner	**11** Employer (FOR NON-JUDICIAL) (See Instructions) StreetBoard Co.
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#:)	Amount of Contribution $	In-kind contribution description
	Contributor address: City: State: 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 THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 4
2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$0

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:)	9 Loan Amount ($)
3/28/2019	Fisher Enterprises	$1,166.00
6 Is lender a financial Institution? Y ☑ N	8 Lender address; City; State; Zip Code 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109	10 Interest rate 0 %
		11 Maturity date N/A

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
14 Description of Collateral ☑ none	15 Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION ☑ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#:)	Loan Amount ($)
4/6/2019	Fisher Enterprises	$80.93
Is lender a financial Institution? Y ☑ N	Lender address; City; State; Zip Code 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109	Interest rate 0 %
		Maturity date N/A
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☑ none	Check if personal funds were deposited into political account (See Instructions) ☐	

GUARANTOR INFORMATION ☑ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
Principal Occupation (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $0

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:)	9 Loan Amount ($)
4/18/2019	Fisher Enterprises	$1,495.00
6 Is lender a financial institution? Y N ✓	8 Lender address; City; State; Zip Code: 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109	10 Interest rate: 0
		11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions):

13 Employer (See Instructions):

14 Description of Collateral: ☑ none

15 Check if personal funds were deposited into political account (See Instructions): ☐

16 GUARANTOR INFORMATION: ☑ not applicable

17 Name of guarantor:

18 Guarantor address; City; State; Zip Code:

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan	Name of lender ☐ out-of-state PAC (ID#:)	Loan Amount ($)
4/22/2019	Fisher Enterprises	$104.64
Is lender a financial institution? Y N ✓	Lender address; City; State; Zip Code: 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109	Interest rate: 0
		Maturity date: N/A

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☑ none

Check if personal funds were deposited into political account (See Instructions): ☐

GUARANTOR INFORMATION: ☑ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 4
2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$0

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:)	9 Loan Amount ($)
4/24/2019	Fisher Enterprises	$450.00
6 Is lender a financial Institution? Y ☑	8 Lender address: City: State: Zip Code 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109	10 Interest rate 0 %
		11 Maturity date N/A

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
14 Description of Collateral ☑ none	15 Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION ☑ not applicable	17 Name of guarantor 18 Guarantor address: City: State: Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#:)	Loan Amount ($)
4/3/2019	Fisher Enterprises	$475.00
Is lender a financial Institution? Y ☑	Lender address: City: State: Zip Code 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109	Interest rate 0 %
		Maturity date N/A
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☑ none	Check if personal funds were deposited into political account (See Instructions) ☐	

GUARANTOR INFORMATION ☑ not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed ($)
Principal Occupation (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 4

2 FILER NAME: Ms. Claudette R Smith

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $0

5 Date of loan: 4/5/2019

6 Is lender a financial Institution? Y N ☑

7 Name of lender: Fisher Enterprises ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code: 3440 Bell St, Ste 320 PMB 238, Amarillo, TX 79109

9 Loan Amount ($): $962.39

10 Interest rate: 0

11 Maturity date: N/A

12 Principal occupation / Job title (See Instructions):

13 Employer (See Instructions):

14 Description of Collateral: ☑ none

15 Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION ☑ not applicable

17 Name of guarantor:

18 Guarantor address; City; State; Zip Code:

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan:

Name of lender: ☐ out-of-state PAC (ID#: _____)

Loan Amount ($):

Is lender a financial Institution? Y N

Lender address; City; State; Zip Code:

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Description of Collateral: ☐ none

Check if personal funds were deposited into political account (See Instructions) ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
3/27/2019	Hilltop Senior Citizens Association

6 Amount ($)	7 Payee address: City: State: Zip Code
$205.00	1311 N Taylor Amarillo, TX 79107

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Venue Rental

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

Date	Payee name
3/27/2019	North Heights Discount & Cafe

Amount ($)	Payee address: City: State: Zip Code
$300.00	1621 NW 18th Ave, Amarillo, Texas 79107

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Meeting with constituents.

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

Date	Payee name
3/28/2019	TheSignSource.net

Amount ($)	Payee address: City: State: Zip Code
$1,166.00	P.O. Box 878, Cornelius, NC 28031

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Yard signs

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
3/30/2019	Best Buy

6 Amount ($)	7 Payee address: City: State: Zip Code
$702.53	101 Westgate Pkwy Amarillo, TX 79121

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Computers

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

Date	Payee name
4/4/2019	Facebook

Amount ($)	Payee address: City: State: Zip Code
$35.00	1 Hacker Way Menlo Park, CA 94025

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Social media advertising

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

Date	Payee name
4/5/2019	United Express

Amount ($)	Payee address: City: State: Zip Code
$36.47	5601 W Amarillo Blvd, Amarillo, TX 79106

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Transportation Equipment & Related Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fuel for delivering print media/signs

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
4/6/2019	Academy Sports+Outdoors

6 Amount ($)	7 Payee address: City: State: Zip Code
$80.93	4400 Soney Rd, Amarillo, TX 79119

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Equipment for making deliveries

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

Date	Payee name
4/9/2019	VistaPrint

Amount ($)	Payee address: City: State: Zip Code
$547.09	275 Wyman St, Waltham, MA 02451

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Door hanger cards

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

Date	Payee name
4/10/2019	Pak A Sak

Amount ($)	Payee address: City: State: Zip Code
$37.47	4200 Soney Rd, Amarillo, TX 79119

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Transportation Equipment & Related Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fuel for delivering print media/signs

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
4/12/2019	Wal-Mart

6 Amount ($)	7 Payee address; City; State; Zip Code
$35.67	4610 S Coulter St, Amarillo, TX 79119

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Transportation Equipment & Related Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fuel for delivering print media/signs

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

Date	Payee name
4/13/2019	Lowe's

Amount ($)	Payee address: City: State: Zip Code
$85.77	6401 Lowes Ln, Amarillo, TX 79124

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Equipment/hardware for signs

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

Date	Payee name
4/18/2019	Cefco (Taylor Food #2040)

Amount ($)	Payee address: City: State: Zip Code
$40.09	1917 Bell Amarillo, TX 79106

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Transportation Equipment & Related Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fuel for delivering print media/signs

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
4/18/2019	TheSignSource.net

6 Amount ($)	7 Payee address: City: State: Zip Code
$1,495.00	P.O. Box 878, Cornelius, NC 28031

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Yard Signs

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

Date	Payee name
4/19/2019	Sir Speedy

Amount ($)	Payee address: City: State: Zip Code
$73.18	416 SW 8th Ave, Amarillo, TX 79101

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Info cards

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

Date	Payee name
4/19/2019	Custom Buttons & More

Amount ($)	Payee address: City: State: Zip Code
$90.00	2917 S Fairfield Amarillo, TX 79103

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense "Vote-for" buttons

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
4/22/2019	Take Aim Shooting Complex

6 Amount ($)	7 Payee address: City: State: Zip Code
$66.30	5919 Hillside Rd, Amarillo, TX 79109

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense meeting with constituents

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

Date	Payee name
4/22/2019	Facebook

Amount ($)	Payee address: City: State: Zip Code
$20.00	1 Hacker Way Menlo Park, CA 94025

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Social media advertising

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

Date	Payee name
4/22/2019	Sam's Club

Amount ($)	Payee address: City: State: Zip Code
$117.60	8952 Westgate Pkwy W, Amarillo, TX 79124

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Office supplies

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
4/22/2019	Office Max

6 Amount ($)	7 Payee address: City: State: Zip Code
$48.49	2912 S Soncy Rd, Amarillo, TX 79124

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Office supplies

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

Date	Payee name
4/22/2019	VistaPrint

Amount ($)	Payee address: City: State: Zip Code
$27.31	275 Wyman St, Waltham, MA 02451

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Info cards

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

Date	Payee name
4/22/2019	USPS

Amount ($)	Payee address: City: State: Zip Code
$5.50	8301 W Amarillo Blvd, Amarillo, TX 79124

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Postage for mailers

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
4/22/2019	USPS

6 Amount ($)	7 Payee address: City: State: Zip Code
$55.00	8301 W Amarillo Blvd, Amarillo, TX 79124

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Postage for mailers

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

Date	Payee name
4/22/2019	USPS

Amount ($)	Payee address: City: State: Zip Code
$27.50	8301 W Amarillo Blvd, Amarillo, TX 79124

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Postage for mailers

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

Date	Payee name
4/22/2019	Wal-Mart

Amount ($)	Payee address: City: State: Zip Code
$76.79	4610 S Coulter St, Amarillo, TX 79119

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Office Supplies

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Ms. Claudette R Smith	

4 Date	5 Payee name
4/22/2019	USPS

6 Amount ($)	7 Payee address; City; State; Zip Code
$55.00	8301 W Amarillo Blvd, Amarillo, TX 79124

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Postage for mailers

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

Date	Payee name
4/22/2019	TheSignSource.net

Amount ($)	Payee address; City; State; Zip Code
$104.64	P.O. Box 878, Cornelius, NC 28031

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Yard signs

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

Date	Payee name
4/5/2019	Amazon.com

Amount ($)	Payee address; City; State; Zip Code
$362.39	PO Box 81226 Seattle, WA 98108-1226

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Transportation Equipment & Related Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Equipment for making deliveries

Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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: 10	2 FILER NAME Ms. Claudette R Smith	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2019	5 Payee name Academy Sports+Outdoors	
6 Amount ($) $600.00	7 Payee address: City: State: Zip Code 4400 Soncy Rd, Amarillo, TX 79119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Equipment for making deliveries
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address: City: State: Zip Code	
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

Date	Payee name	
Amount ($)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED