

# 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: <span style="font-size: 2em; color: blue;">40</span>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">MR</span> FIRST: <span style="font-size: 1.2em;">HOWARD</span> MI: <span style="font-size: 1.2em;">S.</span> NICKNAME: LAST: <span style="font-size: 1.2em;">SMITH</span> SUFFIX:	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="font-size: 2em; text-align: center; margin: 5px 0;"><b>RECEIVED</b></p> <p style="font-size: 1.5em; text-align: center; margin: 5px 0;">JUL 15 2019 <span style="float: right; border: 1px solid blue; padding: 2px;">OK</span></p> <p style="text-align: center; margin: 5px 0;"><b>CITY SECRETARY'S CITY OF AMARILLO</b></p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">1616 S. FOLK, AMARILLO TX 79102</span>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(806) 358-8381</span>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">MR</span> FIRST: <span style="font-size: 1.2em;">PAUL</span> MI: NICKNAME: LAST: <span style="font-size: 1.2em;">MATNEY</span> SUFFIX:	Receipt # Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">3918 EATON AMARILLO, TX 79109</span>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(806) 354-8229</span>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year Month Day Year <span style="font-size: 1.2em;">1 / 1 / 2019</span> THROUGH <span style="font-size: 1.2em;">6 / 30 / 2019</span>										
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <input 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) <span style="font-size: 1.2em;">AMARILLO CITY COUNCIL PLACE 4</span>	13 OFFICE SOUGHT (if known)									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

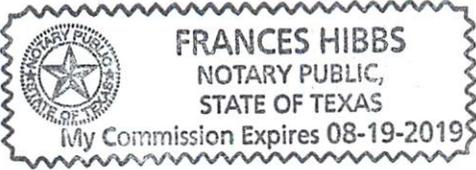
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4815.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,110.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Howard Smith*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard Smith, this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

*Frances Hibbs*

Signature of officer administering oath

Frances Hibbs

Printed name of officer administering oath

City Secretary

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

4-28  
2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GARRY BEDWELL

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

5703 BRANDY LEE CT, AMARILLO, TX 79119

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-30  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAM McCARTY JR

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2801 KINGSBATE AMARILLO, TX 79119

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.

# SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4816.84
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	\$

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5-6-2019</b>	5 Payee name <b>OFF THE HOOK</b>
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6 Amount (\$) <b>473.15</b>	7 Payee address; City; State; Zip Code <b>626 POLK, SUITE 200, AMARILLO, TX 79101</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>LISTENING PARTY COSTS - EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-8-2019</b>	Payee name <b>NEW DAY PRODUCTIONS</b>
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Amount (\$) <b>186.73</b>	Payee address; City; State; Zip Code <b>P.O. Box 3458, Amarillo, TX 79116</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE - SOUND SYSTEM</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-13-2019</b>	Payee name <b>DOUBLE U MARKETING</b>
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Amount (\$) <b>3912.69</b>	Payee address; City; State; Zip Code <b>1608 S. WASHINGTON, AMARILLO, TX 79102</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5-14-2019</b>	5 Payee name <b>SHERAY FORGES</b>
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6 Amount (\$) <b>46.55</b>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE - FOOD</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-21-2019</b>	Payee name <b>FREDA POWELL</b>
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Amount (\$) <b>169.82</b>	Payee address; City; State; Zip Code <b>2010 ESTES ST, AMARILLO, TX 79107</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-3-2019</b>	Payee name <b>HAPPY STATE BANK</b>
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Amount (\$) <b>16.95</b>	Payee address; City; State; Zip Code <b>P.O. Box 68, HAPPY, TX 79042</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BANK FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6-11-2019</b>	5 Payee name <b>HAPPY STATE BANK</b>
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6 Amount (\$) <b>9.95</b>	7 Payee address; City; State; Zip Code <b>P.O. BOX 68, HAPPY, TX 79042</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>BANK FEES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

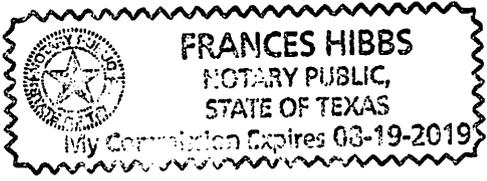
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <b>TEXAS REALTORS PAC</b>
		COMMITTEE ADDRESS <b>P.O. BOX 295305</b>
		COMMITTEE CAMPAIGN TREASURER NAME <b>LANCE LACY</b>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <b>P.O. BOX 2246 AUSTIN, TEXAS 78768-2246</b>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8597.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,626.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



**FRANCES HIBBS**  
NOTARY PUBLIC,  
STATE OF TEXAS  
My Commission Expires 03-19-2019

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.

Howard Smith  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Howard Smith, this the 20 day of April, 2019, to certify which, witness my hand and seal of office.

Frances Hibbs  
Signature of officer administering oath

Frances Hibbs  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

HOWARD 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	\$ 1650.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,161.70
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	\$ 8599.86
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>HOWARD SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-2-2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAMUEL W. REEVES</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>3920 LINDA AMARILLO, TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-5-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD BROWN</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>BOX 9418 AMARILLO, TX 79105</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-4-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA BRIAN</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>11 DIDRICKSON LN AMARILLO TX 79124</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-8-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ADAIA M. BUCKNER</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>301 S. POLK, STE 412 AMARILLO, TX 79101</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>HOWARD SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-11-2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY JACKSON</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>6008 RUTGERS AMARILLO TX 791</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-20-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD L. CRAWFORD</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>6601 Admiral Ct AMARILLO TX 79124</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-23-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDWARD W. BRADLEY</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>3002 LIPSCOMB AMARILLO, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-22-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>H. BRYAN POFF</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2409 S. HUGHES AMARILLO TX 79109</b>		
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:	
2 FILER NAME <b>HOWARD SMITH</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>14,161.70</b>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AMARILLO MATTERS</b>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <b>P.O. BOX 1532, AMARILLO, TX, 79105</b>		
		<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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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: <b>1</b>	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	---------------------------------------

4 Date <b>4-26-2019</b>	5 Payee name <b>U.S. POSTAL SERVICE</b>
----------------------------	--

6 Amount (\$) <b>75.00</b>	7 Payee address; City; State; Zip Code <b>505 E. 9th, AMARILLO, TX 79105</b>
-------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>POSTAGE FOR ADVERTISING EXPENSE</b>	(b) Description <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 <b>4-12-2019</b>	Payee name <b>DOUBLE K MARKETING</b>
--------------------------	---

Amount (\$) <b>7882.86</b>	Payee address; City; State; Zip Code <b>1608 S. WASHINGTON AMARILLO TX 79102</b>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

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

\$ 32,425.01

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 7920.89

CONTRIBUTION  
BALANCE

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

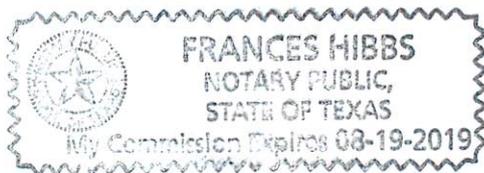
\$ 24574.36

OUTSTANDING  
LOAN TOTALS

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

\$ —

18 AFFIDAVIT



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.

*Harold Smith*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harold Smith, this the 4 day of April, 2019, to certify which, witness my hand and seal of office.

*Frances Hibbs*

Signature of officer administering oath

FRANCES HIBBS

Printed name of officer administering oath

CH Secretary

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME **HOWARD 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	\$ 32,425.01
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,920.39
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

19

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-22-2019

5 Full name of contributor

AMARILLO ASSOCIATION OF REACTORS

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

5000.

6 Contributor address; City; State; Zip Code

5601 ENTERPRISE CIRCLE, AMARILLO, TX 79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-23-2019

Full name of contributor

DANIEL & CLEONDA SMYTH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.

Contributor address; City; State; Zip Code

3907 NAVASOTA AMARILLO, TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23-2019

Full name of contributor

HARVEY & ALONA ELMS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

75.

Contributor address; City; State; Zip Code

6304 JAMESON AMARILLO, TX 79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-22-2019

Full name of contributor

DENNIS & CINDY CLOINCH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.

Contributor address; City; State; Zip Code

7706 PEBBLEBROOK AMARILLO, TX 79119

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-23  
2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Michael C. Hughes

6 Contributor address;

City; State; Zip Code

P.O. Box 51149

AMARILLO, TX  
79159

7 Amount of contribution (\$)

\$ 500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-23  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jeff M. Neely, Jr.

Contributor address;

City; State; Zip Code

P.O. Box 506

AMARILLO, TX  
79105

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cliff Bickerstaff

Contributor address;

City; State; Zip Code

410 S. Taylor

AMARILLO, TX  
79101

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-23  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mr. & Mrs. Garland Sell

Contributor address;

City; State; Zip Code

7801 Clearmeadow

AMARILLO, TX  
79119

Amount of contribution (\$)

\$ 250.<sup>00</sup>

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-25  
2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John L. Milton

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2809 Bowie

AMARILLO, TX  
79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-25  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Greg and Julie Mitchell

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

3005 S. Ong

AMARILLO, TX  
79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mr. + Mrs. Robert Sanders

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

3800 Doris

AMARILLO, TX  
79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-24  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Andrew Hall

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

500 S. Taylor

AMARILLO, TX  
79101

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:
2 FILER NAME <b>HOWARD SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-24 2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glen Parlsey</b>	7 Amount of contribution (\$) <b>\$250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 2966 AMARILLO, TX 79105</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-24 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rodger and Sue Lawrence</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2217 Ong AMARILLO, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-24 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>W. H. Brian, Jr</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>PO Box 9238 AMARILLO, TX 79105</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-25 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas C. Riney</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>320 S. Polk AMARILLO, TX 79101</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

1-25  
2019

5 Full name of contributor

Bill Gilliland

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500<sup>00</sup>

6 Contributor address;

500 S. Tyler

City; State; Zip Code

AMARILLO, TX  
79101

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-29  
2019

Full name of contributor

Rita + Rick Kuehl

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200<sup>00</sup>

Contributor address;

5215 Clearwater AMARILLO, TX  
79110

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28  
2019

Full name of contributor

Sharon Ann Bowers

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25<sup>00</sup>

Contributor address;

6700 Smoketree AMARILLO, TX  
79124

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-25  
2019

Full name of contributor

Mark Bivins

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250<sup>00</sup>

Contributor address;

P.O. Box 708

City; State; Zip Code

AMARILLO, TX  
79105

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2-2  
2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Samuel and Carol Lovelady

6 Contributor address;

City; State; Zip Code

2817 Crockett

AMARILLO, TX  
79109

7 Amount of contribution (\$)

\$ 100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-18  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jason and Shannon Herrick

Contributor address;

City; State; Zip Code

7901 Valcour

AMARILLO, TX  
79119

Amount of contribution (\$)

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Barry Peterson

Contributor address;

City; State; Zip Code

500 S. Tyler  
Suite 1600

AMARILLO, TX  
79101

Amount of contribution (\$)

\$ 250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Leon and Sue Church

Contributor address;

City; State; Zip Code

6903 Cayman Ct  
AMARILLO, TX  
79124

Amount of contribution (\$)

\$ 100<sup>00</sup>

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:
2 FILER NAME <b>HOWARD SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-25 2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Norris</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1620 Polk AMARILLO, TX 79102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-29 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Kritser</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>PO Box 31888 AMARILLO, TX 79120</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-2 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Wesand Melba Langham</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4715 Cape Colony AMARILLO, TX 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-28 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Milton and Lucise Tyson</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2220 S. Tyler AMARILLO, TX 79109</b>		
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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2-1  
2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Hugh and Tamara Bonifield

7 Amount of contribution (\$)

\$250<sup>00</sup>

6 Contributor address;

City; State; Zip Code

4900 Erik

AMARILLO, TX  
79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-4  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Steven and RJana Becker

Amount of contribution (\$)

\$50<sup>00</sup>

Contributor address;

City; State; Zip Code

7821 Cervin

AMARILLO, TX  
79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Moncia R. Kelly

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City; State; Zip Code

2301 Judy

AMARILLO, TX  
79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-6  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

James Beckham

Amount of contribution (\$)

\$200<sup>00</sup>

Contributor address;

City; State; Zip Code

1507 Lamar

AMARILLO, TX  
79102

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2-8  
2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Stephan and Sharon Dalrymple

6 Contributor address;

1521 Rusk

City; State; Zip Code

AMARILLO, TX  
79102

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-11  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rudy Kaye Gleason

Contributor address;

P.O. Box 50477

City; State; Zip Code

AMARILLO, TX  
79159

Amount of contribution (\$)

\$ 50<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Alex and Cheryl Fairly

Contributor address;

3221 S. Milam

City; State; Zip Code

AMARILLO, TX  
79109

Amount of contribution (\$)

\$ 15,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jeff Reasoner

Contributor address;

7313 Smoketree

City; State; Zip Code

AMARILLO, TX  
79124

Amount of contribution (\$)

\$ 100<sup>00</sup>

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2/10  
2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dean Morrison

7 Amount of contribution (\$)

\$500

6 Contributor address;

2609 Hughes

City; State; Zip Code

AMARILLO, TX  
79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/13  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tony Rhodes

Amount of contribution (\$)

\$100

Contributor address;

6 Cambridge Rd.

City; State; Zip Code

AMARILLO, TX  
79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dorothy Caldwell

Amount of contribution (\$)

\$25.00

Contributor address;

4 monetruer

City; State; Zip Code

AMARILLO, TX  
79121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14  
2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dan & Brenda Tallery

Amount of contribution (\$)

\$100

Contributor address;

2206 Parker

City; State; Zip Code

AMARILLO, TX  
79109

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2/15  
2019

5 Full name of contributor

Bill Chudej

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

1619 Taylor

City; State; Zip Code

AMARILLO, TX  
79109

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/15  
2019

Full name of contributor

Bill & Janice Harsch

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

3407 Rutson

City; State; Zip Code

AMARILLO, TX  
79109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20  
2019

Full name of contributor

Joe & Linda Street

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

5204 Spartanburg

City; State; Zip Code

AMARILLO, TX  
79119

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20  
2019

Full name of contributor

Howard & Lisa Batson

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

9110 Lundy Ln

City; State; Zip Code

AMARILLO, TX  
79119

Amount of contribution (\$)

\$100

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:
2 FILER NAME <b>HOWARD SMITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ron Boyd</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>1014 S. Van Buren AMARILLO, TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/18 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hugh &amp; Renee Wilson</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>6002 Windham AMARILLO, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/18 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mrs. Jim Simms</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>#14 Willow Bridge AMARILLO, TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/18 2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. Paul &amp; Sandy Matney</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>3918 Eaton AMARILLO, TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Richard McKay

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

3203 S. Ong

AMARILLO, TX

79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22

2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Steve Rogers

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

5304 Tawney

AMARILLO, TX

79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22

2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

~~Steve Rogers~~ A. Preston

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

5702 Crabtree Court

AMARILLO, TX

79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25

2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Shirley Thomas

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

7511 Sleepy Hollow

AMARILLO, TX

79121

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/7  
2019

5 Full name of contributor

Jack Robinson

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$150

6 Contributor address;

3312 Danvers

City; State; Zip Code

AMARILLO, TX  
79106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7  
2019

Full name of contributor

Mary Bagwell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

100 Banks

City; State; Zip Code

AMARILLO, TX  
79124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7  
2019

Full name of contributor

Mike & Sandi Bryant

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300

Contributor address;

P.O. Box 19758

City; State; Zip Code

AMARILLO, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7  
2019

Full name of contributor

Kathleen Morris

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

6308 Cabernet

City; State; Zip Code

AMARILLO, TX  
79106

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/7  
2019

5 Full name of contributor

William & Bev Harris

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$250

6 Contributor address;

7802 Stuyvesant

City; State; Zip Code

AMARILLO, TX  
79121

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7  
2019

Full name of contributor

Charlotte Sanders

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

#9 Teal Ct.

City; State; Zip Code

AMARILLO, TX  
79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7  
2019

Full name of contributor

Dee Miller

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

5315 Berget

City; State; Zip Code

AMARILLO, TX  
79106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4  
2019

Full name of contributor

Wm L. Dale Bippus

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50

Contributor address;

1614 Jordan

City; State; Zip Code

AMARILLO, TX  
79106

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/9  
2019

5 Full name of contributor

Phil/Nancy Woodall

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$25

6 Contributor address;

3921 Woodfield

City; State; Zip Code

AMARILLO, TX  
79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8  
2019

Full name of contributor

Randy Jeffers

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

6214 McCoy

City; State; Zip Code

AMARILLO, TX  
79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9  
2019

Full name of contributor

m/m W.F. Countiss

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500

Contributor address;

3805 Carlton

City; State; Zip Code

AMARILLO, TX  
79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8  
2019

Full name of contributor

J.P. Hickman

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500

Contributor address;

150 Laurel leaf Ln

City; State; Zip Code

AMARILLO, TX  
79015

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/11  
2019

5 Full name of contributor

m/m Leon Swift

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50

6 Contributor address;

2401 W. 26th

City; State; Zip Code

AMARILLO, TX  
79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/18  
2019

Full name of contributor

Randy & Stacy Sharp

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

7909 Continental Pkwy

City; State; Zip Code

AMARILLO, TX  
79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19  
2019

Full name of contributor

R.J. Harpole

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

7703 Pebble brook

City; State; Zip Code

AMARILLO, TX  
79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18  
2019

Full name of contributor

Richard & Susan Bechtel

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

7305 Owniven Cir

City; State; Zip Code

AMARILLO, TX  
79109

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/20  
2019

5 Full name of contributor

John Mazola

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 300

6 Contributor address;

2808 Bonham

City; State; Zip Code

AMARILLO, TX  
79109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20  
2019

Full name of contributor

Thomas Novak

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50

Contributor address;

9100 Perry

City; State; Zip Code

AMARILLO, TX  
79119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22  
2019

Full name of contributor

Ronald Boyd

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100

Contributor address;

1014 Van Buren

City; State; Zip Code

AMARILLO, TX  
79101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April 1  
2019

Full name of contributor

Lilia Escajeda

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100

Contributor address;

P.O. Box 33044

City; State; Zip Code

AMARILLO, TX

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:

2 FILER NAME

HOWARD SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

3/30  
2019

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gary Jennings

6 Contributor address;

4503 Greenwich Pl

City; State; Zip Code

AMARILLO, TX  
79110

7 Amount of contribution (\$)

\$100.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12  
2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jonathan Travis

Contributor address;

1914 S. Harrison

City; State; Zip Code

AMARILLO, TX  
79109

Amount of contribution (\$)

.01

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-1  
2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

BONNIE COX

Contributor address;

6549 18th St. GREENLY, CO 80634

City; State; Zip Code

Amount of contribution (\$)

100.

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 (\$)

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: <u>1</u>	
2 FILER NAME <u>HOWARD SMITH</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1000.00</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BARAK PETERSON</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>600 S. TYLER, SUITE 1600 AMARILLO TX 79101</u>	<u>1,000.00</u>	<u>MEET &amp; GREET AT HIS HOUSE</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>ATTORNEY</u>		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
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)			

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

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>1-10-2019</b>	5 Payee name <b>DOUBLE U MARKETING</b>
----------------------------	---

6 Amount (\$) <b>797.01</b>	7 Payee address; City; State; Zip Code <b>1608 S. WASHINGTON AMARILLO, TX 79102</b>
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <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 <b>2-15-2019</b>	Payee name <b>DOUBLE U MARKETING</b>
--------------------------	---

Amount (\$) <b>2134.85</b>	Payee address; City; State; Zip Code <b>1608 S. WASHINGTON AMARILLO, TX 79102</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	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
--	-------------------------------	---------------	-------------

Date <b>3-13-2019</b>	Payee name <b>DOUBLE U MARKETING</b>
--------------------------	---

Amount (\$) <b>4748.23</b>	Payee address; City; State; Zip Code <b>1608 S. WASHINGTON AMARILLO, TX 79102</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	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

## 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>1-16 2019</b>	5 Payee name <b>CITY OF AMARILLO</b>
----------------------------	---

6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>601 S. BULFANAN, AMARILLO, TX 79101</b>
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FILING FEE</b>	(b) Description <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 <b>3-7 2019</b>	Payee name <b>PAYPAL FEE</b>
-------------------------	---------------------------------

Amount (\$) <b>3.20</b>	Payee address; City; State; Zip Code
----------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEE</b>	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
--	-------------------------------	---------------	-------------

Date	Payee name <b>HAPPY STATE BANK</b>
------	---------------------------------------

Amount (\$) <b>17.10</b>	Payee address; City; State; Zip Code <b>P.O. BOX 68 HAPPY, TX 79042</b>
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BANK SERVICE CHARGE</b>	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

### 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 <b>HOWARD SMITH</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <b>3-13-2019</b>	5 Payee name <b>OFF THE HOOK</b>
----------------------------	-------------------------------------

6 Amount (\$) <b>120.00</b>	7 Payee address; City; State; Zip Code <b>626 S. POLK, SUITE 200 AMARILLO, TX 79101</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED