CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how	to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages	med:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	FIRST	BREH MI	OFFIC	E USE ONLY
NAME	NICKNAME	5MITH	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		P.O. BOX 1962, VAN ALSTUNE, AX 75495			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (461) 835-8933			Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS/ MRS / MR	FIRST	Da. Je	Receipt #	Amount \$
NAME	NICKNAME	LAST	DEVE	Date Processed	
	A A	SUNUM	SUPPIA	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		,	SUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	813 0	NEW RD., C	ENISON TX 7	5020	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 227-4626				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month 7	Day Year /15 / 23	1444	nth Day Y	ear **
11 ELECTION	Month Day	Year Primary Genera	Descript		
12 OFFICE	OFFICE HELD (if any)	ICT ATTOLNEY	13 OFFICE SOUGHT (IF		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUR	S ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE UIRED TO REPORT THIS INFORMATION ON	ES MADE BY POLITICAL C	OLDER'S KNOWLEDGE
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
		•			

www.ethics.state.tx.us

CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	. Attach
15 C/OH NAME	BREH SMITH	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,000.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,508.69
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 69, 149. 39
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 14,500.00
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	/ :
(1) Affidavit		
NOTARY STAMP/SEA	AL .	
Sworn to and subscribed	before me by this the	day of,
20, to certify	y which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	1 1
My name is	BEST SMAN, and my date of birth is	06/15/65
My address is	P.O. BOX 1962 VON ALSOUNE	18 75495 USA
(-0.	ne l	state) (zip code) (country)
Executed in 640	County, State of 7843 , on the 13 day of TONI	, 20 (year).

1RAYSUN CO ELECTIONS 2024 JAN 15 PH1:08:37

Signature of Candidate Officeholder (Beclarant)

SUBTOTALS - C/OH

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

19	BREH SMITH	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24,810
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 190.20
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s 16,370.1
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$ 138.52
10.	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$

SRANGON CO ELECTIONS 2024 JAN 15 PH1:08:41

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
7/18/23	MAH RUSSEU 6 Contributor address; City; State; Zip Code	50.00
	1641 OLD DA RO. SHERMAN TX 75090	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	PETILED	
Date	Full name of contributor	Amount of contribution (\$)
7/19/23	Contributor address; City; State; Zip Code	1,000.00
	2610 SNENANDOAH CF., SHORMONTY	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	FINANCIAL ADVISORS WELLS FALBE	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7/19/23	ART ALANA	50.00
111102	Contributor address; City; State; Zip Code	
	3398 DESVOIGNES RD, DENISON, 1X 75021	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	COMMISSIONER GROYSON CO	•
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7/20/23	TEMSA WILSEN Contributor address; City; State; Zip Code	50.00
	4011 5. SHAI, DEASON TX 75020	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	LEARED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10.100	PETE SCHEIBMEIR		4.62
7122123	6 Contributor address; City;	State; Zip Code	100.00
	1203 SILVELTON DR. SHORM	ov 1x 15092	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ions)
	MANDSEL	AL HAUDE EL	ECTRONICS
Date	Full name of contributor out-of-state_PAC	(ID#)	Amount of contribution (\$)
	KYLE BOOTH		
2/22/22			50.00
1100/02	Contributor address; City;	State; Zip Code	
	P.O BOX 368, SHERMA	N 1X 75091	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	SELF EMPLOYED	BLUE STONK	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
11	NOLMAN GORDON		
7/24/23	Contributor address; City;	State; Zip Code	150.00
.10 1102		25020	130.
	4008 CRESCENT VALLEY S	De, DENISUN TX	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	
	feol estate soles	PARAGON REI	11als
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
, 1	JOHN BULLDRA		
7/25/23	Contributor address; City;	State; Zip Code	50.00
	2036 W. DAM, DENISON TX	15020	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	FENKO		

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	BREAT SMYTH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	JONASHAN HIJCHCOCK		
1/26/23		State; Zip Code	50.00
1/00/02	6 Contributor address, City,	State, Zip Code	
	2713 FIXTEREST, SHERMAN 11	1 75092	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	PEANON	EASY LIFE REA	LA.
Date	Full name of contributor out-of-state PAC	: (ID#)	Amount of contribution (\$)
2/4/20	ANDREW OLM STEAD		01000
97102	Contributor address; City;	State; Zip Code	850.
	P.O. BOX 1298, SACRMAN.	K 75091	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	PRESIDENT	CHAPMAN INC	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
	LAINZY RAMSZY		
8/4/23		State; Zip Code	50.00
. ,	144 CHISOLM IL., P pation / Job title (See Instructions)	CONSBORO, IX 75076	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	BROKER	HOMES BY LA	INEY
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
8/4/23	EDOIZ YOUNG		
9/ 1/5	Contributor address; City;	State; Zip Code	250.00
	PO BOX 517, SHERMON	A 75091	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
	DEVELOPER	9000B ENTE	LIPES S

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8/4/23	BOST LAWFOCE 6 Contributor address; City; State; Zip Code	50.00
	P.o. Box 1892, PostsBoro 15076	
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
	REMED	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/4/23	Noncy Andress; City; State; Zip Code	50. ω
	29 HACIENDA DE POTISBORO TI 75076	
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
	fe11feD	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/4/23	Contributor address; City; State; Zip Code	50.00
	430 SPHNBTOWN RD, VAN ALSTUNE TX	
Principal occu	pation / Job title (See Instructions) Employer (See In	structions)
	PROJECT COOLDINATOR PAPPIOT	CONSTRUCTION
Date	Full name of contributor out-of-state PAC (ID#:	
8/5/2-3	TANET VENTULA Contributor address; City; State; Zip Code	50.00
8/5/23	Contributor address; City; State; Zip Code	
8/5/23	Contributor address; City; State; Zip Code	6

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/9/23	Mark Russeu 6 Contributor address; City; State; Zip Code	D5. 00
	1641 OLD IDA 20, SHERMAN A 75090	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/9/23	Contributor address; City; State; Zip Code	1,000.00
	4392 LIAM DRS. FRISCO, TX 75034	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	REMIRED	
Date	Full name of contributor	Amount of contribution (\$)
8/11/23	LOS HELMANOS PACINESHIP Contributor address; City; State; Zip Code	1,000.00
	427 N. RUSK, SUITEB, SHELMAN JX 75090	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	FOM SHIELDS PEALESTATE	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/10/23	MISTY IEVIN Contributor address; City; State; Zip Code	50.00
	310 W. US HW482, SHELMON TX 75092	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	LEBAL ASSISTANT CAL BAPKE	2

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMMN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/10/23	MIKE GOLEY 6 Contributor address; City; State; Zip Code	50.00
	PARTICION PARTIC	
8 Principal occu		
	GENEFAL MANAGEL AMERICAN EHI	CIENCY SOLUTIONS
Date	Full name of contributor	Amount of contribution (\$)
8/10/23	Contributor address; City; State; Zip Code 75495	480.00
	1800 LOVELS LEAP, UNN ALSTUNE, TX	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
8/18/23	Contributor address; City; State; Zip Code	500.00
	855 MAHUL RO, DENISON 17 75021	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	etions)
	RETIRED	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
8/20/93	Contributor address; City; State; Zip Code	25.00
	745 S. VALENNE, SHELMAN DE 75090	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
8/20/23		State; Zip Code	500.00
	1585 JAMESON RD; VON DO	LS14 NE # 75495	
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
OWNE	<u></u>	KINFAC SOLY	MON3
Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)
1 1			Amount of contribution (4)
8/20/23		State: Zip Code	100.00
, ,,	Contributor address; City;	State; Zip Code	1000
	535 DERBUI VON ALCAU	VE TX 75495	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	RESILED/CUSTOMER CORE	MCKINNEM	P.D. / HIBHLOND HOMES
Date		AC (ID#)	Amount of contribution (\$)
1 1	DON HOOVER		, 3,100,110,110,110,110,110,110,110,110,11
8/23/23		State: 7in Code	400.00
	Contributor address; City;	State; Zip Gode	400
	1605 RCON BLOVE FD. EASJ, pation / Job title (See Instructions)	SHORMON, A BOGO	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	PROSECUSOR	GRAYSON COVI	VTU
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of contribution (\$)
1 1	KURT & LACEN MODER		
8/24/22	Contributor address; City;	State; Zip Code	1,000.00
1 1103	4392 Llan De, Fresco,	1X 75034	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	REALED		

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2 FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8/24/23	DON BUNZALTZ 6 Contributor address; City; State; Zi 180 B N " BRINKLEU ST, SNELMAN, TX	
8 Principal occu		r (See Instructions)
	ELSECULITY DIRECTOR	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
8/04/03	DON GALLEBO Contributor address; City; State; Z	∂00,00
	3305 BELLE AVE, DENISON , TX 7	75020
Principal occup		r (See Instructions)
	DEAK- MENDANT NBOG	SUN BAS STATION
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
8/24/23	SHELM MCBHDE Contributor address; City; State; Zi	p Code /00.00
,	531 W. Main ST, Davison TX 75020	,
Principal occup		er (See Instructions)
	RESILECD	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/04/03	ROSCOT & CAFOL WHIRE Contributor address; City; State; Zi	p Code 050.00
	POTSBORD SX 750	76
Principal occu	pation / Job title (See Instructions) Employe	er (See Instructions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Brett Smith		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
8/24/23	Pon Hoff 6 Contributor address; City;	State; Zip Code	350.00	
,	112 S. CLOCKETT, SHOLMAN	11 75090		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
	ATTOLNEN	SELF		
Date		: (ID#)	Amount of contribution (\$)	
8/04/03	Contributor address; City;	State; Zip Code	150.00	
	310 W. HUY 82, SHELMON	17 75092		
		Employer (See Instruct	ions)	
	ATOPATH	SELF		
Date 8 Aul 23	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
- P 11 2 -	301 W. WOODARD ST, DWISO	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTURNEY	SELF		
Date		C (ID#:)	Amount of contribution (\$)	
8/24/23	TVE BROWN Contributor address; City;	State; Zip Code	1) 000.00	
	100 N. JRAVIS, # 205, SNORMON JA 75090			
Principal occupation / Job title (See Instructions) Employer (See Instruc		tions)		
l .	a laboratoria de la contractica del la contractica del la contractica de la contract	5011		
	APPIRATEM	524		

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

SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID)#)	7 Amount of contribution (\$)
8/24/23	CHAPLES MOONEY 6 Contributor address; City;	State; Zip Code	100.00
	pation / Job title (See Instructions) 9	75092	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
	REJIRED		
Date	Full name of contributor out-of-state_PAC (II	D#)	Amount of contribution (\$)
1 /	PHYLLIS JAMES		
8 64/23	Contributor address; City;		100.00
7			
	777 WALLACE PD, GWYDA	- TX 15058	
	pation / Job title (See Instructions)	Employer (See Instructi	,
	OUNTH COMMISSIONEN	GHAYSON COVI	NIA
Date	Full name of contributor	0#)	Amount of contribution (\$)
1 ,	JAIN BULLDRO		
8/24/23	1	State; Zip Code	100.00
100		7.	
	2036 W. DAY, DENISON TK		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	REGILED		
Date	Full name of contributor out-of-state_PAC (II	D#:)	Amount of contribution (\$)
obula MIKE & DENNA DITTO		1 - 20	
8/24/23	Contributor address; City;	State; Zip Code	100.00
, ,	220/ 0-12 (112- 50 6)	Na-an	
Delegioni - st	2306 FCX CAVISC DR, SAGRA		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	,
	INVESTIBATUR	GRAYSUN CO. L). A .

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
8/24/23	6 Contributor address; City; State; Zip Code	100.00		
	P.U.BX 357 DENISW TX 75021 pation / Job title (See Instructions) 9 Employer (See Instructions)			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
	ATTORNEY			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
8/24/23	Contributor address; City; State; Zip Code	100.00		
	5249 W. GM 120, DANSSON, TX 73020			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	PARMER SELF			
Date	Full name of contributor	Amount of contribution (\$)		
8/24/23	Contributor address; City; State; Zip Code	100.00		
	919 BOONE DR, SHORMAN PY 75090			
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)		
	FETTED			
Date	Full name of contributor out-of-state PAC (ID#:) THOMOS NICHOLSON	Amount of contribution (\$)		
8/24/23	Contributor address; City; State; Zip Code			
	4011 5. STATE HWY 91, DAVISON TX 73020	200.00		
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)		

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form	. 1	Total pages Schedule A1:
2 FILER NAME	BREH SMITH	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
1 1	MIFE & TALANA FOLEY		
8/20/20		tę; Zip Code	OF n. M
0/07/03	11.1	N I	050
	2917 WOLF FRONT RD ALSTANE	75495	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	
	GET G,M. AM	ELLICON EFFICIEN	ICU SOLVTIONS
Date	Full name of contributor)	Amount of contribution (\$)
1/	ELIZABETH CLOYTON		
8/24/23	Contributor address; City; Sta	ate; Zip Code	050.00
7 11-2		1	U S
	2403 N. GARDILAVE., SOWALAK	E 1X76092	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	EDVERTUR	5150	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)
1 1	THOMAS AILSHIRE		
8124123	Contributor address; City; Sta	ate; Zip Code	250.00
الم الم	A11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	2409 TURILE CREEK OF, SHOLM	N TX 75092	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	AUTO SALES		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
1.1	NONCH ANDERSON		
8/24/03		ate; Zip Code	250. a
	29 ANCIENDA DE POTEBORO)	DX 75076	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	RETIRED		

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

			· · · · · · · · · · · · · · · · · · ·
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:			
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
8/24/23	6 Contributor address; City;	State; Zip Code	300.00
	18 LINKS ESTOR , DENISON	TX 75020	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
	OWNER	QUICKVENSE	
Date		; (ID#)	Amount of contribution (\$)
4/24/20			
0/07/02	Contributor address; City;	State; Zip Code	500.60
	700 W. WASHINGTON SITEMA	N K 75092	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	,
	REDITOR	BUTCH GIFE	LEDIA!
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
a Julia	BART LAWRENCE		500.00
0/04/03		State; Zip Code	500
	P.O. BOX 1882, POTSBULO	1X 75076	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
OWNED -	- B.L. CONSTRUCTION		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
aloulos Bur Daskos			1 nno ly
8/24/83	Contributor address; City;	State; Zip Code	1,000-W
	2301 SON MIBUELS SHERMI	ON 1x 75092	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	OWNER	DOVELAS DK	RIBUTUR
		P	,

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
8/24/23	6 Contributor address; City;	State; Zip Code	1,000.00	
	P.O BOX 113 DENESON TO	X 75021		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
	OWNER	HOLLEY JO	LLY HOMES	
Date		(ID#)	Amount of contribution (\$)	
a hellon	JEFFREN BROWN		1,000.00	
0/07/03		State; Zip Code	1) 000	
	227 W. LAMON ST, SKEMON	75090		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
SPANICHS,	BUSINESS OWNER	SELF		
Date		(ID#)	Amount of contribution (\$)	
11	WILLIAM & KELLY KENNES	04		
8 24 23	Contributor address; City;	State; Zip Code	1,500.00	
	121 S. AUSTIN AVE, DEMISON	1X 75020		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
	OWNER LOWYER	WILLIAM'S WAY	REHOUSE SELF	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
8/24/20	KERYE ASHMORE			
501/20	Contributor address; City;	State; Zip Code	1,500.00	
	2114 JASON GROW, SHELMA			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct		
	PROSECUTUR	GRAYSON CO.	D.A.	

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Brett SMITH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 128 123	6 Contributor address; City; State; Zip Code	
	282 SUN DANCE DR, VAN PLETUNE TX 75	8495
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
9/1/23	Contributor address; City; State; Zip Code	200.00
	013 ISLAND VIEW DY, PMSBORD TX	
Principal occup	Pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
9/6/23	Contributor address; City; State; Zip Code	200.00
	2921 REDBUD TROIL SHERMAN A 7509	7
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
	PEDLTON CORNEL	STONE REALTH.
Date	Full name of contributor out-of-state_PAC (ID#:) Amount of contribution (\$)
9/6/23	TACHE ROBINSON Contributor address; City; State; Zip Code	1,000-00
	3401 LINCH 20, BELLEVILLE, IL 6220	96
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	BEET SMITH		3 Filer ID (Ethics Commission Filers)
4 Date 9/1/23	5 Full name of contributor out-of-state PAC LANGA & LANGU COOPEN 6 Contributor address; City; 1524 Hallow IN: Van Au	State; Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)		ons)
	MORNEY	SELF	
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
9/7/23	Contributor address; City;	State; Zip Code	50.00
	911 QUALPH DAKS DEFOI	NUTS N. 1X 75070	
Principal occup	911 Q VARPY OAKS OF FOI ation / Job title (See Instructions)	Employer (See Instruction	ons)
	RETIFED		
Date 9/8/93	Full name of contributor out-of-state PAC 45.0 WLSON Contributor address; City;	State; Zip Code	Amount of contribution (\$)
	736 WESTWOOD, SHELL	mm 1 75092	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	EXECUTIVE	HUME HOSPICE	
Date		C (ID#:)	Amount of contribution (\$)
9/20/03	Contributor address; City;	State; Zip Code	2,500.00
	13267 W.FM 408, CELLINA	N 75009	
_	pation / Job title (See Instructions)	Employer (See Instructi	ons)
R	EAL ESPOSE BROKES	HEX REAL E	SINK

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	BLEH SMMH		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/23	5 Full name of contributor out-of-state PAG BILL BENJAN 6 Contributor address; City; P-1 BOX 908 VAN DISMUE 1 pation / Job title (See Instructions)		7 Amount of contribution (\$) 500.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction BENNU - Lurren	·
Date		C (ID#)	Amount of contribution (\$)
9/28/23	Contributor address; City;	State; Zip Code	2,000 .00
	P.O. BOX 748, WHITEWA	1817 75491	
Principal occup	OWNEL	PCI CONSI	
9/28/23	Som BOYLE Contributor address; City;	C (ID#) State; Zip Code	Amount of contribution (\$)
•	pation / Job title (See Instructions)	MON \$ 75092	
	pation / Job title (See Instructions)	CHY OF SNO	
Date 10/3/23	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) REAGED	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				
2 FILER NAME	BLEH SMITH		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
1/	WILLIE & KEFF STEEL	r.		
10/3/20			200.00	
100	6 Contributor address; City;			
	pation / Job title (See Instructions)	rann TX 15090		
8 Principal occu				
	BANKEL	lot STATE BOI	V/C	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	
	NUEFA DODSON			
11/1/23		State; Zip Code	2,000.00	
כסווווו	Contributor address; City;	State, Zip Code		
	P.O BOX 305, BELLS	18 7544		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
	OWNO	ASDODSON LONDS	SCAPE	
Date	0	C (ID#)	Amount of contribution (\$)	
11/1/02	BU BENTON		Can 4	
4/6/83	Contributor address; City;	State; Zip Code	500	
	P.O. BOX 908, VAN ALSI	WE 18 18495		
Principal occu	Pation / Job title (See Instructions)	We A 5495 Employer (See Instruction	ons)	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi		
Principal occu		Employer (See Instructi	ons) ELL BUNN	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi		
	Full name of contributor	Employer (See Instruction & Company) LMI	ELL BROWN	
	pation / Job title (See Instructions)	Employer (See Instruction & Company) LMI	ELL BROWN	
	Full name of contributor Osborn Contributor address; City;	Employer (See Instruction of Section) LMI	ELL BROWN	
Date 11/17/33	Full name of contributor out-of-state PAI Contributor address; City;	Employer (See Instruction of Section) LMI	ELL BROWN	
Date 11/17/33	Full name of contributor out-of-state PAI DO ANN OSBOFN Contributor address; City; PAHA TURNE CEEK S pation / Job title (See Instructions)	Employer (See Instruction of Section) LMI	Amount of contribution (\$)	
Date 11/17/33	Full name of contributor out-of-state PAI Contributor address; City;	Employer (See Instruction of the	Amount of contribution (\$)	
Date 11/17/33	Full name of contributor out-of-state PAI DO ANN OSBOFN Contributor address; City; PAHA TURNE CEEK S pation / Job title (See Instructions)	Employer (See Instruction of the	Amount of contribution (\$)	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME	BAEH SMITH		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID	0#:	7 Amount of contribution (\$)	
. 1			(4)	
1./	TRUBU MAXWELL			
11/14/22	6 Contributor address; City;	State; Zip Code	80.00	
	BOX 2929, SHERMAN	J 1X 75091		
8 Principal occu		Employer (See Instructi	ions)	
	BILLING BILLING	SEIBMAN LA	,	
	D. 190			
Date	Full name of contributor out-of-state PAC (III	D#)	Amount of contribution (\$)	
1.1.	GENER IN GRADA	20.66		
11/30/23	GEOFBE AND BAFRAFA WOOL	DKUPP	1 400 00	
1-1-	Contributor address; City;	State; Zip Code	1,000.00	
	1308 MUNCH RD, GUNTER, pation / Job title (See Instructions)	11 75058	,	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	FEMIED			
	refred)			
Date	Full name of contributor	04)	Amount of contribution (\$)	
1,1	CUNT CRAFT			
12/4/23			1,000.00	
1-11102	Contributor address; City;	State; Zip Code		
	2711 FIELD STEEL, CEYN.	NX 75009		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	SELF	SELF		
	3-51			
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
. /			1.,	
12/5/22 DEAN GILBERT			100.00	
10/3/02	Contributor address; City;	State; Zip Code	,	
		1 110-		
	80/ E. TAYLOR ST., SHER	MAN 1X 15090		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	RESTUR	DEAN GLIBERT	REALTORS	
		P del a contra	14.7.12	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Ine	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)	
Date 2/4/20	5 Full name of contributor out-of-state PAC (ID#:) BLEH GLAHAM 6 Contributor address; City; State; Zip Code 608/ W. CLAWfold SENISON 18 75020		7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	OWNER	GRANAM INTO	NOTUNAL
Date 1/6/24	JOE WILLIAM S Contributor address; City;	AC (ID#) State; Zip Code	Amount of contribution (\$)
	2418 W. MOMON SI, DO	NISON 12 75020	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	RESTROVER	SELF	
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state F	PAC (ID#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
District	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
2 FILER NAME BESH SMYN		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$		
5 Date 8/33/33	8/3/03 7 Contributor address; City; State; Zip Code DENISON IX 75020		190.20	9 In-kind contribution description BENCLARYS FOLL HINDRASSEN de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I description I description I description I description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contrib	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firr	m of contributor's spou	se (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; Zip Code 307 W. FM 120, PATSBURD, TX (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EMAILS NOVELAKING EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Amount (\$) PURPOSE POOD & DANK OF PUNDRASING **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

9/4/23

Payee name

BILLOW MARKEAND

Amount (\$)

Pavee address

City:

State:

Check if Austin, TX, officeholder living expense

Zip Code

59.15

307 W.FM 120

HT RADO

A Tenal

PURPOSE OF EXPENDITURE

DOVERSISING

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

.

DOMAIN NOMES

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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Revised 11/15/2022

ON 15 put 10:30

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME BLEH SMITH 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Pavee address: City: Zip Code (b) Description 8 PURPOSE OF CONSUMINE EXPENDITURE RESTOREN Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name City; State: Zip Code PURPOSE OF SIGNS POVERTISING **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Description Category (See Categories listed at the top of this schedule) PURPOSE

Check if travel outside of Texas. Complete Schedule T.

DOVEL114NB

Candidate / Officeholder name

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

E-MOIL

Office sought

Check if Austin, TX, officeholder living expense

Office held

15 PM1: 10:24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	Expense Expense Wages/Contract Labor	Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 11/15/23	5 Payee name		
Amount (\$)	7 Payee address;	City;	State; Zip Code
2,500.00	1.0.BOX 340836	AUSIN	1X 78734
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULINE	(b) Description	EN
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
11/16/23	Parken SIELLS		
Amount (\$)	Payee address; OKEL ROAD	City; SKS2maJ	State; Zip Code # 15090
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LaBor	Description 518NS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 11/30/23	Payee name VANTAGE ROI		
Amount (\$)	Payee address;	City;	State; Zip Code
F286.02	P.U BOX 340836	AUSAN	1X 78734
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 Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) Zip Code (b) Description PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name State: Zip Code PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH State; Zip Code 1920 N. BRAND AVES

PURPOSE EXPENDITURE

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

15 PM1:10:34

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name Amount State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Date Payee name 85.80 Reimbursement from N. VS WIEHWOY 75, SHERMAN political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF T-POSTS/518N3 **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Et	nics Commission Filers)	2 Total pages f	îled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		BEEH	OFFICE	USEONLY
NAME	NICKNAME	5 _{MITH}		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX	1962, VON A	CITY: STA			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	35 - 8933		ENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS /MB	FIRST		DEVE	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Imaged	
		BYNUM				
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT /		CITY;	STATE;	ZIP CODE
(Residence or Business)		3 WELL RD			75020	
8 CAMPAIGN TREASURER PHONE	(903) 2	7-4626	EXT	ENSION		
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e		Runoff Exceeded Modified Reporting Limit	treasurer (Officehol	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 16 / 24	THROUGH	Month	Day Ye	ar 4
11 ELECTION	Month Day	Year Primary Genera		Other Description		
12 OFFICE	OFFICE HELD (if any)	HHICH MORNE		FICE SOUGHT (if known	TOLNEY	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTION: CEHOLDER, THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQU	S ACCEPTED OR POLI	MADE WITHOUT THE CAN	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRE	ss		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 68,801.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 68,801.52 \$ 15,929.43
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,500.00
(1) Affidavit	Please complete either option below:	or Officeholder
NOTARY STAMP/SEA	NL	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat	OR	
		listes
My name is	P.O. BOX 1967, VAN ALSTUNE, TX.	15/103 15/105 UCA
My address is		1549.5 USA (zip code) (country)
Executed in	County, State of TEXAS, on the 5 day of FRENAPU	
-5W - 5L657 4 FEB 6 = 17M 1-5	Signature of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	nmissio	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		_	UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s /	4,550 ,000 °
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		5 7	000 00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		5	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s 6	7,981.52
6.	SCHEDULE F2. UNPAID INCURRED OBLIGATIONS		S	
7.	SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		S	
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	S	820.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	S	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	S	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
1/16/24	LYNN EDMAN 6 Contributor address; City; State; Zip Code 750 3945 BAMBOO 14AL, McKINNEY 1X pation / Job title (See Instructions) 9 Employer (See In	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	nstructions)
	REJIRED	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (4)
110109	Contributor address; City; State; Zip Code	50.00
	Contributor address; City; State; Zip Code 750 1419 MONTFORT DF, SHERMON 1X Dation / Job title (See Instructions) Employer (See Instructions) U.S. AFM	92
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
	RETILED U.S. DEM	4
Date	Full name of contributor out-of-state PAC (ID#	
1/17/24	JANE BRUNSTOD Contributor address; City; State; Zip Code	100.00
	1805 ALPINE DK, SHERMAN & 75092	
Principal occu	pation / Job title (See Instructions) Employer (See I	Instructions)
	FERFED	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/19/24	TALANA & MIKE FOLEY Contributor address; City; State; Zip Code 7544	500.00
	2917 WOLF FRONT RD, VAN DISTUNE	N
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
	OWNER CONSIENCE	
	TO SIDIO	7070

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

(Ethics Commission Filers) Int of contribution (\$) Int of contribution (\$)
nt of contribution (\$)
unt of contribution (\$)
unt of contribution (\$)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date 1/19/24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/19/24	Ontributor address; City; State; Zip Code	250.00
Principal occup	P.O BOX 208, VAN AUSTYNE TR 7549.5 Pation / Job title (See Instructions) Employer (See Instructions) I.T. PROFESSIONOL	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/19/24	Contributor address; City; State; Zip Code	500.00
Principal occup	112 BLACKMIN / VW NSMIK 1X 15495 Dation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1/19/24	BY FON WHITAKEL Contributor address; City; State; Zip Code	500.00
	P.U. BOX 599, VAN DISTANE 1X 75495	
	pation / Job title (See Instructions) Employer (See Instruc	ctions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Brett Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
1/19/24		State; Zip Code	3,500.00
	4209 C.R. 826) CEUNA TA	15409	
3 Principal occup	pation / Job title (See Instructions)	5 Employer (See madde	CONSTRUCTION
Date		: (IO#)	Amount of contribution (\$)
1/19/24	TOUCE GOODWIN Contributor address; City;	State; Zip Code	200.00
	1918 FM 3133) VAN ALSAYN	E 18 75495	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		C (104)	Amount of contribution (\$)
1/19/24	PHYLUS TAMES Contributor address; City;	State; Zip Code	100.00
	my WALKE RD. GUMER	N 75058	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	COUNTY COMMISSIONEL	GRAUSUN	CO.
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1/19/24	STEPHEN LODDY Contributor address; City;	State; Zip Code	100.00
1.0(0)	535 DCFBY LN, VAN POLSY	THE 18 7549	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
	EVAFFANTY WOLF	HOMEBULDE	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Out-of-state PAC (ID#:	50.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instru FORD SARGU MN6. FLESH LSA	uctions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) BANKEN IIB	uctions)
Date Full name of contributor out-of-state PAC (ID4	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) S.F. MANABEN Employer (See Instructions) BOTHO BO	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
RESILED	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	BRETT SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#)	7 Amount of contribution (\$)
1/18/04	6 Contributor address; City;	State; Zip Code	75. ou
	14 GALVON LN, VAN ALSTUNE	TX 75495	
8 Principal occu		Employer (See Instructi	ons)
	RETIRED		
Date	Full name of contributor out-of-state PAC (II	D#)	Amount of contribution (\$)
1	DOROTHY FLEMING		, , , , , , , , , , , , , , , , , , , ,
1/23/24		State; Zip Code	100.00
	1700 W. HUNT ST, SHORMAN	W 75092	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	,
	ASSISTANT	DISPICT	MOLNEY
Date	Full name of contributor	ID#)	Amount of contribution (\$)
1/20/24	ROBER STORMENT		100.00
110010	Contributor address; City;	State; Zip Code	100
	P.O. BOX 1326, VON ALST	ANE A 75495	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	PENFO		
Date	Full name of contributor out-of-state_PAC (ID#	Amount of contribution (\$)
July 1	DOVID BEDBOOD		100 00
1100104	Contributor address; City;	State; Zip Code	100.00
	619 N. 140V13, SNC	MaN, A 75090	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	DIRECTION	WALDO FU	WELDL

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SCHEDULE A1

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Date 5 Full name of contributor out-of-state PAC (ID#) Fosciest Mass 6 Contributor address; City; State; Zip Code	3 Filer ID (Ethics Commission Filers)
lack FOREEST MARK	7 Amount of contribution (5)
6 Contributor address; City; State; Zip Code 536 DELEON S1 DENBON 175030 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 500. W
Date Full name of contributor out-of-state PAC (ID#) SELF CHUSIS	Amount of contribution (\$)
Contributor address; City; State; Zip Code	100.00
607 AMBASSAPON SI, DENISON SK 75020 Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor Out-of-state PAC (ID4	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) EAUSON PE	etions)
Date Full name of contributor STEVE DAYS Contributor address; City; State; Zip Code BOL N. WOODS ST., SNCRMAN TX 78092	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to con	nplete this	form.	1 Total pages Schedule A1
2 FILER NAME	BREH SMITH	1		3 Filer ID (Etnics Commission Filers)
4 Date	5 Full name of contributor 🗀 ou		(10#)	7 Amount of contribution (\$)
1/25/24	6 Contributor address. C	ity;	State, Zip Code	/00.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor			Amount of contribution (\$)
1/05/24	JELEM 4 9 1R15 Contributor address.		State, Zip Code	200.00
Principal occur	P.U. BOX 12108, A	V511~17€VI	X 18711 Employer (See Instruc	tions
- Interpar deeds	PLOSGENSON		GRAYSON CO	,
Date	Full name of contributor of contributor of contributor		(10#)	Amount of contribution (\$)
1/25/24	Contributor address, C	City,	State; Zıp Code	200,00
	P.U. BOX 2412 SHE	MON		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date			(ID#)	Amount of contribution (\$)
1/25/24	Contributor address,	ZY Dity,	State; Zıp Code	200.00
·	14 11MBRICKELL St	Kensu	PX 75092	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting require ments.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains hov	v to complete thi	s form.	1 Total pages Schedule A1
2 FILER NAME	BREH	SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (1D#)	7 Amount of contribution (\$)
1/1/1	BOB AND BAN	BALA MON	<u>K</u>	
1/25/24	6 Contributor address,	City,	State, Zip Code	100.00
, ,	919 BOONE	DR, SHEUM.	10 18 75090	
8 Principal occu	pation / Job title (See Instructions		9 Employer (See Instru	actions)
	FEALES			
Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)
1.1	Scott OL	Kim Mai	LA	
1/25/24	Contributor address,	City;	State, Zip Code	∂50.00
	2031 PARK RA	R. Miller	18 78120	030
Principal occup	pation / Job title (See Instructions		Employer (See Instru	ictions)
Date	Full name of contributor	out-of-state Pr	AC (ID#	Amount of contribution (\$)
11.	BART # GNA	D4 LAWAS	WCC	
1/25/24	Contributor address,	City,	State, Zip Code	∂50.°°
1 1 '	P.V. Box 1882	PMSBOR	N 75076	
Principal occu		5)	i	
	DWNE		COMPENCE	CONSTRUCTION
Date	Full name of contributor	out of state P	AC (ID#	Amount of contribution (\$)
12/	MARK KUNEM	INN		
1/20/24	Contributor address,	City,	State, Zip Code	250.00
	2805 VENTA	E CH D	"WICH 18 7502	Ď
Principal occu	pation / Job title (See Instructions		Employer (See Instri	uctions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Date 5	BREH SMITH	3	Filer ID (Ethics Commission Filers)
Date 5			
1	Full name of contributor out-of-state_PAG	C (ID#)	7 Amount of contribution (\$)
105/24 6	NJD NDVENTURES Contributor address. City;		200. W
	200 LAUREL CREEK OR, SHER	1	
Principal occupation	on / Job title (See Instructions)	9 Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAI	C (ID#)	Amount of contribution (\$)
05/24		State, Zip Code	250.00
	P.OBOX 354 SHERMON	K 75091	
	on / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state_PA	C (ID#)	Amount of contribution (\$)
105/24	LINDSAN WILLPULD Contributor address. City,	State; Zip Code	250.w
	3201 SANDSTUNE DR, SHER	eman 18 75092	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructio	-
	PROSECUTOR	BROYSUL CO	. <i>V.</i> A·
Date	Full name of contributor	AC (10#)	Amount of contribution (\$)
1/25/24	Contributor address; City,	State; Zip Code	150.00
	1407 AVENDALE CI, SHE	RAAN AX 15092	
Principal occupati	on / Job title (See Instructions)	Employer (See Instruction	ns)
	BONKER	let unsted	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

FILER NAME BLET SMITH	Total pages Schedule A1 Of 15 Filer ID (Etnics Commission Filers) Amount of contribution (\$)
Date 5 Full name of contributor out-of-state PAC (ID#) 1 35 34 6 Contributor address, City; State; Zip Code	7 Amount of contribution (\$)
1/25/24 MICHAEL SPHINGER 6 Contributor address, City; State; Zip Code	` ,
	100.00
	100.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ns)
Date Full name of contributor	Amount of contribution (\$)
1/25/24 KEVIN WILSON	100 10
Contributor address, City; State; Zip Code	100.00
555 OLD HWY 6, HOWE A 75459	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
SUPERINTENDANT NOWELSD	
Date Full name of contributor	Amount of contribution (\$)
1/25/20 BILL COWAN	
Contributor address, City, State; Zip Code	50.00
1419 MONFORT DI, SINERMAN 1X 75092	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ns)
Date Full name of contributor [] out of state PAC (ID#)	Amount of contribution (\$)
1/95/24 WILLIAM & KELL SKELLE	
Contributor address; City, State, Zip Code	
639 N. McKow DVE, SHERMAN A 75092	150.0
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
BANKER INT STATE	BON12

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule 11
2 FILER NAME	Brest S	MITH	3 Filer ID (Etnics Commission Filers)
4 Date		-state PAC (ID#	_) 7 Amount of contribution (\$)
1/05/24	NOFA & BRUC B 6 Contributor address; City	((NV) → State; Zip Code	200.00
, ,	813 WELL AS DOULSON	1 TX B020	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Inst	ructions)
LON	D Dansora	SELF	
Date	Full name of contributor [] out-o	f-state PAC (ID#	Amount of contribution (\$)
Jac 24	JOE FALLON		
1/05/01	Contributor address, City	State, Zip Code	200.00
	2235 TUPLE CHEEL	- DK, SATERNAN JAX	
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)
	INS. DBENT	N.W. MUS	IN
Date		f-state PAC (ID4	Amount of contribution (\$)
1/25/24	EUJAN BROWN Contributor address. City	, State; Zip Code	200.00
	DOID POST age on. Sh	1900m A BORY	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	
	Prusewia	GRAYS	ion (O D.N.
Date	a.	of-state PAC (ID#	_) Amount of contribution (\$)
1/25/24	Row AVFF Contributor address; City	, State; Zip Code	200.00
	112 S. CLOCKETT, SNE	rno N TX 75090	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)
	MORNEY	SELF	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The I	nstruction Guide explains how to complete this	form.	Total pages Schedule A1:
FILER NAME	BREH SMITH	3	Filer ID (Ethics Commission Filers)
1/25/24	5 Full name of contributor out-of-state PAC POSS ROULAD 6 Contributor address; City; 911 EVANM ONK DN. FAIR	State; Zip Code	Amount of contribution (\$)
Principal occup	Pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Date 05/04	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	1000 APDISON AVE, PMSBURG ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 1/05/24	PAVL BOILEU Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) PAUSO	Employer (See Instruction	ns)
Date 1/05/04	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) (OBBLEN SWACK	Employer (See Instruction FISK SNOS	ns)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	BRA	+ SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
11	SIDNEU PI	nuis		
1/25/24	6 Contributor address;		State; Zip Code	75.00
, (1230 W. CHEST	107 51,00	1150N A 73020	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	LETIES			
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
1/25/24	Contributor address;		State; Zip Code	100.00
110707				, -
	1217 W. McBEE	51., 5NEA	MAN A BOGS	-
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	SALE		CAMBOTA C	an abra
Date	Full name of contributor	_	C (iD#:)	Amount of contribution (\$)
Maslaye	JUDITH MCE			250.0V
103/07	Contributor address;		State; Zip Code	
	9909 BASALT 1	N, DENSON	1 of 76207	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
	RETIFED			
Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)
helass	LEE OLM	STEAD		250.00
186/24	Contributor address;	City;	State; Zip Code	
, ,	5414 N. PM14	HT, SNOW	MAN 1X 75092	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	
	DWNER		CMO ENTER	PMSES

RAYSON CO ELECTIONS (024 FEB 5 AM LO: 48:14

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
1/26/24	BALLY BOOTHS 6 Contributor address; City; 1875 N. LANCOLN BALL FD.	State; Zip Code 75495	100,00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
	REAL ESPATE DULP.	BLUCSTONE		
Date		(ID#:)	Amount of contribution (\$)	
1/29/24	HOWARD THORNTON		100.00	
1101101	Contributor address; City;	State; Zip Code	1001	
	P.O. BOX 1429, VAN AL	SMNC 1X		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	<u> </u>	~~~~		
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)	
John Bolless			,	
212124		State: 7in Code	250. au	
-11-		State; Zip Code		
	P.O.BOX 1229, DOVISUN	18 1500		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
Statute	LUKE MOTIEN		500.00	
010104	Contributor address; City;	State; Zip Code	200.	
111 S. TRAVIS , SHERMAN \$5090				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTOLNEY	SUL		
ION CO ELECT	IONS 3:18			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

TI	ne Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	BPCH SMITH		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
	6 Full name of contributor out-of-state PAC (ID#: BLU BENTON 7 Contributor address; City; State; 1401 HUNDS RANCH AD, VAN DUSM	NE,1X	Check if travel outsi	In-kind contribution description POSD/DPLNY de of Texas. Complete School
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL) FROM ESTAR- INSURANCE		itor's job title (FOR JU	DICIAL) (See Instruction
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDIC
Date 1/25/24	Full name of contributor out-of-state PAC (ID#:	M Zip Code	Amount of Contribution \$	In-kind contribution description
, 1	6801 W. CLAWFURD, DENISON		Check if travel outsi	l de of Texas. Complete Sche
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICI	N/Va~
Contributor's	principal eccupation (FOR JUDICIAL)		utor's job title (FOR JU	DICIAL) (See Instructio
Contributor's	s employer/law firm (FOR JUDICIAL)	-		se (if any) (FOR JUDIC
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ON CO ELEC				

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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District **Printing Expense** 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 3 Filer ID (Ethics Commission Filers) BESH SMISH 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: Zip Code SHERMON 1X 8 PURPOSE SIBNS OF DOVELTISING EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name THE POLITICAL FIRM Payee address: City: State: 5555 HILSON AVE, #203 BATON LOUBE #A Zip Code 250.00 70808 PURPOSE SCHOT OF ADVERTISING EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH FASI SIBNS Zip Code 1602 E - HOUS JUN SNEMAN A Category (See Categories listed at the top of this schedule) Description PURPOSE SIBNS APVELASINB EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

FEB 5 AM 10:43:27

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; City: Zip Code PURPOSE 5)BN BUILDING / NOVERALSING EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH THE POLITICAL FIRM lyee address; State; Zip Code 5555 HILTON NE # 203 , BATON ROUBE LA PURPOSE COMMERCIA **EXPENDITURE** VOICE OVER Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date AX MEDIA State: Zip Code 36,000.00 800 W. 45 # 57, #200, Fox505 C119 MO Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE ADVENTISING Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

4 FEB 5 AM10:43:32

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees 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 Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$ 7 Payee address; Zip Code OF MAIL EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State: Zip Code Amount (\$) 1602 E-HOUSTUN Category (See Categories listed at the top of this schedule) **PURPOSE** SIBNS OF ADVIRTISHO EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code Amount (\$) Payee address; City; State: Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH COLLECTIONS

FEB 5 AM 10:43:37

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Amount (\$) 7 Payee address State; Zip Code Reinfloursement from political contributions intended 8 **PURPOSE** OF ADVERSIGINES **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

RAYSON CO ELECTIONS

FEB 5 AM 10:43:42

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS (MR) 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX CITY ZIP CODE OFFICEHOLDER MAILING ADDRESS P.U. BOX 1967, VAN DISTUNE, ST. Change of Address CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (469) 835-8933 PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME. Date Imaged BYNUM STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** 813 WELL RD, DEVISON PX 75020 ODE PHONE NUMBER EXTENSION (Residence or Business) 8 CAMPAIGN TREASURER PHONE 207-4626 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED THROUGH ELECTION TYPE **FLECTION DATE** 11 ELECTION Other Month Day 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER ADDRESS

www.ethics.state.tx.us

COMMITTEE CAMPAIGN TREASURER NAME

3 26 PM 11:02:08

Additional Pages

GENERAL

SPECIFIC

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

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

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true a required to be reported by me under Title 15, Election Code Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworm to and subscribed before me by	s 14, 500.00
PLEDGES, LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. Swear, or affirm, under penalty of periury, that the accompanying report is true a required to be reported by me under Title 15, Election Code Please complete either option below: (1) Affidavit	\$ 31,600 \$ \$ 2-5,361.12- DAY \$ 3,769.45 THE \$ 14,500.00
EXPENDITURE TOTALS 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TEAST DAY OF THE REPORTING PERIOD 18 SIGNATURE 1 swear, or affirm, under penalty of perjury, that the accompanying report is true as required to be reported by me under Title 15, Election Code Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	S 25,361.12 DAY S 3,769.45 THE S 14,500.00
4. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true a required to be reported by me under Title 15, Election Code Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	\$ 25,361.12 DAY \$ 3,769.45 THE \$ 14,500.00
CONTRIBUTION BALANCE 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TEAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true a required to be reported by me under Title 15, Election Code Signature of Cand Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TLAST DAY OF THE REPORTING PERIOD 8 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true a required to be reported by me under Title 15, Election Code Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	
B SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true a required to be reported by me under Title 15, Election Code Signature of Cando Please complete either option below: 1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	
required to be reported by me under Title 15, Election Code Signature of Cand Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	didate or Officeholder
Sworn to and subscribed before me by this the	
Sworn to and subscribed before me by this the	
	day of .
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	
0	6/15/65
My name is JAMES BLETT JMITH and my date of birth is My address is P.O. BUX 1962 VAN ALSTYNE. T.	0113103
(street) (city) (sta	X 75495 USA
Executed in SPAYSUN County, State of TEXAS , on the 26 day of FBR (month)	X 75495 USA ate) (zip code) (country)
Signature of Candida	vol., 2024.

SUBTOTALS - C/OH

19	BLEH SMITH 20 Filer ID (Ethics Come	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE AT MONETARY POLITICAL CONTRIBUTIONS	s 13,660
2.	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 17,940
3	SCHEDULE B PLEDGED CONTRIBUTIONS	S
4.	SCHEDULE E LOANS	S
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 25,339.13
6	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	S
7	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S
8	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	S
9	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 21,99
10	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	S
11	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1:
2 FILER NAME	BREH SMITH	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor WILLIAM & LAURA TA	1	Amount of contribution (\$)
2/6/24	6 Contributor address; City;	State; Zip Code	300.00
8 Principal occu	1251 AFROUD BLONCO, FAIRYI upation / Job title (See Instructions)	9 Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC Robert TAYLOR	C (ID#)	Amount of contribution (\$)
2/6/24		State; Zip Code	300.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAG DON HICKS	(10#)	Amount of contribution (\$)
8/1/24	Contributor address; City;		1,000.00
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instruction	s)
	OWNER	TEXOND COVIM	^
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
2/7/24	WILLIAM BENNIE Contributor address; City;	State; Zip Code	1,000.00
Principal ac-	5275 DVBAN CHAPEL RD	· Baus, Ti	ne)
Principal occi	CULER DEPUM	SPAYSVJ CU. S	HERICT'S OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME BREH SMITH	3 Filer ID Ethics Commission Filers)
4 Date 5 Full name of contributor Dut-of-state PAC (ID#	7 Amount of contribution (\$)
2124 6 Contributor address. City State. Zip Code	1,000.00
17400 PRESSEN RD. HUSCUTX 75033	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	•
OWNER PEX FEAL ES	10/2
Date Full name of contributor	Amount of contribution (\$)
218/24 FRANK & TANET KNTVICA Contributor address. City. State: Zip Code	200.00
213 ISLAND VIEW DRY PORTSBORG & 75076	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributorout-of-state_PAC_IID#	Amount of contribution (\$)
BRAD & RENA DOUBLAS Contributor address: City. State. Zip Code 2400 M & DOWS LN, SNEZMAN 18 75092	2,000.w
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
FEARED	
Date Full name of contributorout-of state_PAC *ID#	Amount of contribution (\$)
TELLY SKIPWOPIN Contributor address: City. State Zip Code 2860 REFUEL RO, SHELMON AT 75092	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
OWNER	TA CONSTINCTION

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RAMSON CO ELECTIONS

O24 FEB 25 AM 11:02:32

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor	7 Amount of contribution (\$)		
2/8/24	TEHREM BROWN 6 Contributor address; City; State; Zip Code 221 W. LAMON 31, SNERMIN # 1509 pation / Job title (See Instructions) 9 Employer (See Instru	500.00		
	DO W. CHIMION SI, SNERMAN AK 1509	<u>q</u>		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	actions)		
Date	Full name of contributor	Amount of contribution (\$)		
2/8/24	Contributor address; City; State; Zip Code	100.00		
\$	P.O. BOX 471 SHOLMAN (X 7509)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	REALES			
Date	Full name of contributor	Amount of contribution (\$)		
2/8/24	Contributor address; City: State; Zip Code	100.00		
	2036 W-DOM, DENISON TH 75020			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)		
	OWNOR PAPER HOME WELL	CARE CO.		
Date	Full name of contributor out-of-state PAC (ID#:			
2/8/24	Contributor address; City; State; Zip Code	250.00		
	4493 W. LON LAKE RD, DENISON 11 75020			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	actions)		
	OPETUR IMC			

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	BREH SMIPH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of state PAC HDF	7 Amount of contribution (\$)
2/8/24	5COT FENTRO 6 Contributor address: City: State. Zip C	500.00
	P.O. BOX 34, HOWE TX 75495	
8 Principal occu	ipation / Job title (See Instructions) 9 Employer (S	ee Instructions)
	FARMS RENT	RO FARM!
Date		Amount of contribution (\$)
2/8/24	Contributor address: City: State: Zip C	350.00
	2409 TUENE CHECK-DA. SKERMAN TH	NOT.
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions
	/	1 5 1011
	CON Soles/INTERPRETA	J-TAUL
Date	Full name of contributor out-of-state PAC (ID#	
		Amount of contribution (\$)
	Full name of contributor	Amount of contribution (\$)
) Date 2/8/24	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
) Date 2/8/24	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) ode / / / / / / / / / / / / / / / / / / /
Date ARAH Principal occur	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) Ode /// W Gee Instructions) Amount of contribution (\$)
Date ARAH Principal occur Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) Ode //CO. W Poly Gee Instructions) Amount of contribution (\$)
Date ARAH Principal occur Date ARAH	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) Ode //CO. W Poly Gee Instructions) Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				
2 FILER NAME	BREH S	SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	: t-of-state PA	C (ID#)	7 Amount of contribution (\$)
2/8/24	FUSS SPER		State; Zip Code	50.00
	UNKNOWN			
8 Principal occu	pation / Job title (See Instructions		9 Employer (See Instruct	tions)
	UNKNOWN			
Date	Full name of contributor			Amount of contribution (\$)
$\alpha l_{\alpha} l_{\alpha}$	STEPIVEN	GUDDMAN		120 00
2/8/24	Contributor address.	City.	State, Zip Spde	100. a
	2300 CALLIBEE pation / Job title (See Instructions)	ESTAKS M	SWELMAN A	
Principal occu;	pation / Job title (See Instructions)	,	Employer (See Instruct	tions)
	REGIRED			
Date	Full name of contributor			Amount of contribution (\$)
-11	BANDAU (oleum		100 47
2/8/24	Contributor address,	City,	State, Zip Code	100.00
	1809 CARREAGE S	STASCE PDI	SHORMY AX	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)
2/8/24	SVE KENTIN Contributor address;	City.	State, Zip Code	60.00
,	Continuator address,	Ony.	Sidic, Lip Code	
	UNKA	ow~		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	RETIRED			

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule 81	
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	tare PAC ID=	7 Amount of contribution (\$)
2/8/24	6 Contributor address City.	State, Zip Code	100.00
	700 W. WASHINGTON SI,	SNELMW of 7509	2
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Inst	tructions)
Date	Full name of contributor	1319 PAC 110#	- Amount of contribution (\$)
2/8/24	KHSTINE MCKIN Contributor address City	75020	100.00
	IDI DIAMOND POINTELP, #		
Principal occus	pation / Jobit tile (See Instructions) PENDS	Employer (See Inst	(ructions)
Date	Full name of contributor	state PAC (D#	Amount of contribution (\$)
भेड़ीभ	Contributor address City		500.00
	525 S. WOLNUT SI	HTEMON 1 75090	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)
	OWNER	CONVENIENCE	E STOPE
Date	Full name of contributor	state PAC ND#	Amount of contribution (\$)
2/10/24	Contributor address City.	State Zip Code	1,000.00
	4191 PARTEFRE DE	FAISLO, 1/ 75033	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	
	PRUSECT ASSOC	Fockill	LL CAPITAL

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedula £1		
2 FILER NAME	BREH SMITA	3 Filer ID (Etnics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
2/16/24	THOMAS BARNET 6 Contributor address City State, Zip Code	150.00		
	310\$ REBBUD TAL, SHEAMAN AX 75092			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	et ans)		
Date	Full name of contributor	Amount of contribution (\$)		
2/19/24	BILL DOVBLAS Contributor address City State Zip Code	1,000-00		
	2301 SON MIBUCLISHOLMIN AL 75092			
Principal occupation / Jobit tile (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
2/1alan	Contributor address City State, Zip Code 15446	200.00		
111104	1074			
	1340 SPRINBIUM PD, VAN ALSTANE			
Principal occu	Pat on / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
, ,	^	500.00		
2/19/24	Contributor address, City, State Zip Code	2001-5		
	777 WALLACE RD, OVHER, X 75058			
Principal occu	patron / Job title (See Instructions) Employer (See Instru			
	COMMISSIONER GROYSUN CO	ounta		

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			Total pages Schedule 1:
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#)	7 Amount of contribution (\$)
2/19/24	BOBBU STORIFINE 6 Contributor address; City:	State; Zip Code	500.00
	1509 MARBORUNON DL, SI	452MAN A 75092	-
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	
Date	, –	(ID#)	Amount of contribution (\$)
2/17/24	TODY LIPSCOMB Contributor address; City;	State; Zip Code	100.00
	121 LAUREL CREEK DE,	SHERMON 18	
Principal occup	ation / Job title (See Instructions) M. D.	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
Higlorit	LOBEN SANDELS Contributor address; City;	State; Zip Code 75098	1,000.00
	300 N. TRAVIS;	2. SINGLAR TR	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTORNEH	_ SELF	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
भिन्नि	Contributor address; City;	State; Zip Code	250.00
1 (801 E. TAYLOW, SHURAN	, TX 75090	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	
	RESTOR	DEAN GUBER	1 Realtals

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME BRETT SMITH		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		(FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		or'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)	1950	
Date Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ In-kind contribution description 500.00 FooD & DANK 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)	1	or'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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The	e Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:
2 FILER NAME	Brett SMITH		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 2/19/24	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Contribution \$	9 In-kind contribution description TEXTING l de of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICIA	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2/16/24	Full name of contributor out-of-state PAC (ID#:	Zip Code 75495		In-kind contribution description FILM VIDEO de of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	0.0	~ _	JDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested inf	ormation is not applicable, DO NOT include to	this page in the re	port.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1	2 FILER NAME BLEH SMYH		3 Filer ID (Ethics Commission Filers)
2824	5 Payee name PAST SIBNS		
895.79	7 Payee address: 1602 Houston ST;	City;	State: Zip Code VLMAN TX 75090
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check f travel outside of Texas Complete Schedule T	Check if Austri	n TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
2/13/24	Payee name AXIOM STRATEBIES		
9,469. w	Payee address:	city; Kavsus (174)	State; Zip Code Mo 6410
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule APVILISING Check fira relioutside of Texas Complete Schedule T.	Description	n TX officenalder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
2/16/24	Payee name AXIOM STRATEBLES		
4,700.00	800 W. 47 A S1. #200	City: KAWSAS CAP	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of his schedule)	Policy 8	,

Cneck f travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH Office held

Check if Austin, TX, officeholder living expense

Office sought

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested inf	formation is not applicable, DO NOT in	clude this page in the re	port.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2042	BLEH SMI	14	(2
2/16/24	5 Payee name FAST SIBNS		
6 Amount (\$)	7 Payee address:	City:	State: Zip Code
635.34	1602 HOUSELN.	ST, SHELMAN	1 15090
8	(a) Category (See Categories listed at the top of this so	(b) Description	
PURPOSE		41.0	
OF EXPENDITURE	ADVERSISINB	518N	\$
	(c) Check ftravel outside of Texas Complete Sch	redule T Check if Austin	*X officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
D. 4 .	Payee name		
2/20/24	COLTUN ELDH	DRE	
Amount (\$)	Payee address:	City;	State; Zip Code
130.00	603 W. BULOCK	-SS, DEVISED 1	75020
	Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	of Solary	518N3	
	Check f travel outside of Texas Complete Sch	edule T. Check f Austro	TX officenoider living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI			
Date	Payee name		
2/20/24	AXIUM STRATEBL	ė.s	
Amount (\$)	Payee address;	City;	State: Zip Code
9,469.00	800 W. 474, # 200	Konsas CITH MB	6412
	Category (See Categories listed at the top of this sch		
PURPOSE			
OF EXPENDITURE	ADVININO	MALLEL	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Cneck if travel outside of Texas. Complete Schedule T.

ADVERTISINO

Check if Austin TX, officeholder living expense

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

RAYSON CO ELECTIONS 024 FEB 26 AM 1:03:14

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

redit Card Payment		The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed a	
Total pages Schedule G:	2 FILER NA	ME		3 Filer ID (Ethics Commission	n Filers)
2/14/24	5 Payee nar	ne 120~			
Amount (\$) 21. 99 Reimbursement from political contributions intended	7 Payee ad	dress;	City;	State; Zip C	ode
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candid	late / Officeholder name	Office sought	Office hel	d
Date	Payee nai	me			
Amount (\$)	Payee ad	dress;	City;	State; Zip C	Code
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this schedule)	Description		
EXT ENDITORE		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name	Office sought	Office hel	d
Date	Payee na	me		The second secon	
Amount (\$)	Payee ad	dress;	City;	State; Zip Coo	de
political contributions intended					
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	n, TX, officeholder living expense	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candid	date / Officeholder name	Office sought	Office hel	d
	ATT 4	CUADDITIONAL CODICE OF THE	SCHEDIII E AS NEED)ED	
	AITA	ACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	יבט	
orms provided by Texas E	thics Commiss	ion www.ethics.state.	tx.us	Revised	1/1/20

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics C	commission Filers)	2 Total page	es filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MB	PIRST	B	MI	OFF	ICE USE ONLY
NAME	NICKNAME SMIT	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	BOX 1962	CITY, STATE;	15495		
		-1.1100				
5 CANDIDATE/ OFFICEHOLDER PHONE	(469) 8	35-8933	EXTENSI	10N	Date Hand-del	vered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	RABELT	De	MI	Date Processes	
NAME	NICKNAME	LAST		SUFFIX	03.0 1 1000330	
	HIGHNAME	Bynum		SUPPLY	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE). APT / S			5020	E. ZIP CODE
					7000	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSI	ON		
TREASURER						
PHONE	(913) 2	27-4626				
9 REPORT TYPE	January 15 July 15	30th day before el	ection Exc	noff seeded Modified porting Limit	treasu (Office	lay after campaign irer appointment sholder Only) Report (Attach C/OH - FR)
10 PERIOD	14	D			D-	
COVERED	Month	26 / 24	THROUGH	Month	14 = 2	Year 24
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
THE ELECTION	Month Day	Year Primary General		Other Description		
12 OFFICE	OFFICE HELD (if any)			SOUGHT (if known)	
		1RILA ATTORNE				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE	WITHOUT THE CANE	DIDATE'S OR OFFIC	EHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 Filer	ID (Etnics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 3,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	S
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,870.60
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	s 8,605.55
	ewear, or affirm, under penalty of perjury, that the accompanying report is true and conquired to be reported by me under Title 15, Election Code.	rrect and includes all information
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA		
	which, witness my hand and seal of office.	day of,
		Tide of the
Signature of officer administ	ering oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declarat		
My name is	J. BREH SMITH , and my date of birth is 6	115/65
My address is		15495 US
Executed in	(street) (city) (state) (State) (state) (city) (state) (county, State of 1EXAS , on the day of (month)	(zip code) (country), 20 (year)
	Signature of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Etnics Co		mm s	sion Filers)
21		LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1	X	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	S	3,450.00
2	X	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	80.00
3		SCHEDULE B PLEAGED CONTRIBUTIONS	S	
4		SCHEDULE E LOANS	S	
5	X	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S	1,575.00
6		SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	S	
7		SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S	
8		SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	S	
9	×	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S	2,215.60
10	[]	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C'OH	S	
1'		SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S	
12	X	SCHEDULE K INTEREST, CREDITS GAINS REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	S	5,894.45

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Ir	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME			3 Filer ID (Etnics Commission Filers)
	Full name of contributor DOVID GIBSON Contributor address. City.	State, Zip Code	7 Amount of contribution (\$)
8 Principal occupa	P.O. Box 1841, PMSBOD ation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Plate Halou	Full name of contributor out of state PAC JUSTIN GIBSUN Contributor address City 191 WATSON RD, BOUS 1	State, Zip Code	Amount of contribution (\$)
Date Aple	Full name of contributor out of state_PAC Dava Tew450 J Contributor address City	1	Amount of contribution (\$)
Principal occupa	82 SHADOW W, PMSBII ation / Job title (See Instructions)	Employer (See Instruct BILLOW MP4	_
2/28/24	BRAD BLVEL Contributor address, City.	State Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions) OWNEL	Employer (See Instruct CINCO PESO	· ·

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1
2	FILER NAME				3 Filer ID (Etnics Commission Filers)
4	Date	5 Full name of contributor LEW CAHOL			7 Amount of contribution (\$)
	77124	6 Contributor address; 5603 ONK FAUS	City.	05 1X 75287	2,500.00
8	Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	
		PAMEL		CAPTER A	VENER
	Date	Full name of contributor	out-of-state PAC	(10#)	Amount of contribution (\$)
		Contributor address		State, Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	Date	Full name of contributor	Out-of-state PAC	C (ID#)	Amount of contribution (\$)
		Contributor address,			
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	Date	Full name of contributor	Out-of-state PAC	C (ID#)	Amount of contribution (\$)
		Contributor address;	City,	State, Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)

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

GRAVSON CO ELECTIONS 2024 JUL 15 PM4:03:28

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	lule A2:
2 FILER NAME	E		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 3/1/2Φ	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 7 13495	8 Amount of Contribution \$	9 In-kind contribution description 1 1-SUBT l ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I l l l l l l l l l l l l l l l l l l
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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GRAYSBN CO ELECTIONS 2024 JUL 15 PM4:03:35

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder livi	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
Amount (\$)	Payee address;	City;	State;	Zip Code
Date	Payee name			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
Amount (\$)	Payee address;	City;	State;	Zip Code
Date	Payee name			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder liv	ing expense
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) LEGAL SERVICES	(b) Description DEMOND	10	
1,575.00	LOCKONE LOW FIRM 7 Payee address; 123 N. CROCKET, # 200,	SHERMON	TX	75090
3/1/24 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Total pages Schedule F1:			3 Filer ID (Eth	ics Commission Filers)

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense Printing	Expense Expense //Wages/ContractLabor complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME BREH SMITH		3 Filer ID (Ethics Commission Filers)
3/2/24	5 Payee name BONGIEE		
Amount (\$) 3,3-15,60 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name		
Amount (\$) Reimbursement from political contributions intended	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/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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 NEED	ED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
FILER NAME		3 Filer ID (Ethics C	commission Filers)
Date 34 34	5 Name of person from whom amount is received BLEH SMITH 6 Address of person from whom amount is received; City; State P.O. BOX 1962 Vov ALSIUM	18495	5,894.4
		political contribution re	turned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State		
	Purpose for which amount is received Check in	f political contribution re	sturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	o; Zip Code	
	Purpose for which amount is received	f political contribution re	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received	if political contribution re	eturned to filer