CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) | FIRST: JAMES | MI: BRET | NICKNAME | LAST: SMITH | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: P.O. BOX 1962, VAN ALSTYNE, TX 75495

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (469) | PHONE NUMBER: 835-8933 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MS) | FIRST: ROBERT | MI: DRUE | NICKNAME | LAST: BUNUM | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 813 WELL RD., DENISON TX 75020

8 CAMPAIGN TREASURER PHONE

AREA CODE: (903) | PHONE NUMBER: 227-4626 | EXTENSION

9 REPORT TYPE

- ☒ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 7 / 15 / 23 THROUGH 1 / 15 / 24

11 ELECTION

ELECTION DATE — Month / Day / Year: 3 / 05 / 24

ELECTION TYPE

- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): DISTRICT ATTORNEY

13 OFFICE SOUGHT (if known): DISTRICT ATTORNEY

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Brett Smith	**16** Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 25,000.20
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 16,508.69
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 69,149.39
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 14,500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Brett Smith, and my date of birth is 06/15/65.

My address is P.O. Box 1962, Van Alstyne, TX, 75495, USA.
(street) (city) (state) (zip code) (country)

Executed in Grayson County, State of Texas, on the 15 day of January (month), 2024 (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
BRETT SMITH	

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 CONTRIBUTIONS	$ 16,370.17
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 138.52
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 20

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 ($)
7/18/23	MARK RUSSELL	50.00
	6 Contributor address; City; State; Zip Code: 1641 OLD IDA RD. SHERMAN TX 75090	
8 Principal occupation / Job title (See Instructions): RETIRED	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
7/19/23	GAIL UTTER	1,000.00
	Contributor address; City; State; Zip Code: 2610 SHENANDOAH CR., SHERMAN TX 75092	
Principal occupation / Job title (See Instructions): FINANCIAL ADVISORS	Employer (See Instructions): WELLS FARGO	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
7/19/23	ART ARTHUR	50.00
	Contributor address; City; State; Zip Code: 3398 DESVOIGNES RD, DENISON, TX 75021	
Principal occupation / Job title (See Instructions): COMMISSIONER	Employer (See Instructions): GRAYSON CO.	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
7/20/23	TERISA WILSON	50.00
	Contributor address; City; State; Zip Code: 4011 S. SH 91, DENISON TX 75020	
Principal occupation / Job title (See Instructions): RETIRED	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 of 20
2 FILER NAME: BRETT SMITH	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7/22/23	PETE SCHEIBMEIR / 1203 SILVERTON DR. SHERMAN TX 75092	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
MANAGER	AIR LIQUIDE ELECTRONICS

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7/22/23	KYLE BOOTH / P.O BOX 368, SHERMAN TX 75091	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SELF EMPLOYED	BLUESTONE

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7/24/23	NORMAN GORDON / 4008 CRESCENT VALLEY DR, DENISON TX 75020	150.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
REAL ESTATE SALES	PARAGON REALTORS

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7/25/23	JOHN BULLARD / 2036 W. DAM, DENISON TX 75020	50.00

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/26/23	JONATHAN HITCHCOCK 2713 RIVERCREST, SHERMAN TX 75092	50.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
REALTOR	EASY LIFE REALTY.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/4/23	ANDREW OLMSTEAD P.O. BOX 1298, SHERMAN TX 75091	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PRESIDENT	CHAPMAN, INC.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/4/23	LAINEY RAMSEY 141 CHISOLM TR., POTTSBORO, TX 75076	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BROKER	HOMES BY LAINEY

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/4/23	EDDIE YOUNG PO BOX 517, SHERMAN TX 75091	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
DEVELOPER	YOUNG ENTERPRISES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/4/23	BART LAWRENCE	P.O. BOX 1882, POTTSBORO TX 75076	50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8/4/23	NANCY ANDERSON	29 HACIENDA DR, POTTSBORO TX 75076	50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8/4/23	JENNY VARICH	430 SPRINGTOWN RD, VAN ALSTYNE TX 75495	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PROJECT COORDINATOR	PATRIOT CONSTRUCTION

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8/5/23	JANET VENTURA	213 ISLAND VIEW DR., POTTSBORO TX 75076	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MARKETING	CELEBRATION SR. LIVING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8/9/23	MARK RUSSELL 1641 OLD IDA RD, SHERMAN TX 75090	25.00	RETIRED	
8/9/23	KURT MOORE 4392 LIAM DR. FRISCO, TX 75034	1,000.00	RETIRED	
8/11/23	LOS HERMANOS PARTNERSHIP 427 N. RUSK, SUITE B, SHERMAN, TX 75090	1,000.00	TOM SHIELDS	REALESTATE
8/10/23	MISTY IRVIN 310 W. US HWY 82, SHERMAN TX 75092	50.00	LEGAL ASSISTANT	CAL BARKER

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 6 of 20

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 ($)
8/10/23	MIKE FOLEY	50.00
	6 Contributor address; City; State; Zip Code: P.O BOX 1144, VAN ALSTYNE TX 75495	
8 Principal occupation / Job title (See Instructions): GENERAL MANAGER	9 Employer (See Instructions): AMERICAN EFFICIENCY SOLUTIONS	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
8/10/23	WILLIAM RASOR	480.00
	Contributor address; City; State; Zip Code: 1800 LOVERS LEAP, VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
8/18/23	WANDA KAUFFMAN	500.00
	Contributor address; City; State; Zip Code: 855 ARTHUR RD, DENISON TX 75021	
Principal occupation / Job title (See Instructions): RETIRED	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
8/20/23	GAYLA HAWKINS	25.00
	Contributor address; City; State; Zip Code: 745 S. VALENTINE, SHERMAN TX 75090	
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 7 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8/20/23	DONNA KERN 1585 JAMESON RD; VAN ALSTYNE TX 75495	500.00	OWNER	KINETIC SOLUTIONS
8/20/23	STEVE RODDY 535 DERBY, VAN ALSTYNE TX 75495	100.00	RETIRED / CUSTOMER CARE	MCKINNEY P.D. / HIGHLAND HOMES
8/23/23	DON HOOVER 1605 PECAN GROVE RD. EAST, SHERMAN, TX 75090	400.00	PROSECUTOR	GRAYSON COUNTY
8/24/23	KURT & LACEY MOORE 4392 LIAM DR, FRISCO, TX 75034	1,000.00	RETIRED	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 8 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8/24/23	DON GONZALEZ 1806 N. BRANKLEN ST, SHERMAN, TX 75092	100.00	CYBERSECURITY DIRECTOR	
8/24/23	DON GALLEGO 3305 BELLE AVE, DENISON, TX 75020	200.00	CLERK - ATTENDANT	ALBERTSON GAS STATION
8/24/23	SHELLA MCBRIDE 531 W. MAIN ST, DENISON TX 75020	100.00	RETIRED	
8/24/23	ROSCOE & CAROL WHITE POTTSBORO, TX 75076	250.00		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1: 9 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/24/23	RON HUFF 112 S. CROCKETT, SHERMAN TX 75090	350.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	CALVIN BARKER 310 W. HWY 82, SHERMAN TX 75092	150.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	WILLIAM MUNSON 301 W. WOODARD ST, DENISON 75021	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	JOE BROWN 100 N. TRAVIS, #205, SHERMAN TX 75090	1,000.00

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 10 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/24/23	CHARLES MOONEY 273 OAKMONT CT, SHERMAN TX 75092	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	PHYLLIS JAMES 777 WALLACE RD, GUNTER TX 75058	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
COUNTY COMMISSIONER	GRAYSON COUNTY

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	JENN BULLARD 2036 W. DAY, DENISON TX 75020	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	MIKE & DENNA DITTO 2306 REX CRUISE DR, SHERMAN TX 75092	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INVESTIGATOR	GRAYSON CO. D.A.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 11 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/24/23	JOHN MUNSON P.O. BOX 357, DENISON TX 75021	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	MICHAEL SPRINGER 5249 W. FM 120, DENISON, TX 75020	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	BOB & BARBARA MONK 919 BOONE DR, SHERMAN TX 75090	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/24/23	THOMAS NICHOLSON 4011 S. STATE HWY 91, DENISON TX 75020	[redacted] 200.00

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8/24/23	MIKE & JALANA FOLEM 2917 WOLF FRONT RD VAN ALSTYNE TX 75495	250.00	~~CHIEF~~ E.M.	AMERICAN EFFICIENCY SOLUTIONS
8/24/23	ELIZABETH CLAYTON 2403 N. CARROLL AVE., SOUTHLAKE TX 76092	250.00	EDUCATOR	SISD
8/24/23	THOMAS AILSHIRE 2409 TURTLE CREEK DR, SHERMAN TX 75092	250.00	AUTO SALES	
8/24/23	NANCY ANDERSON 29 HACIENDA DR, POTTSBORO TX 75076	250.00	RETIRED	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8/24/23	AZIZ HASSAN 18 LINKS ESTATE, DENISON TX 75020	300.00	OWNER	QUICKVERSE
8/24/23	MELVIN FIFE 700 W. WASHINGTON SHERMAN TX 75092	500.00	RETIRED	BUTCH FIFE REALTY
8/24/23	BART LAWRENCE P.O. BOX 1882, PONTOTOC TX 75076	500.00	OWNER - B.L. CONSTRUCTION	
8/24/23	BILL DOUGLAS 2301 SAN MIGUEL SHERMAN TX 75092	1,000.00	OWNER	DOUGLAS DISTRIBUTING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14 OF 20

2 FILER NAME: BRET SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8/24/23	JOSHUA HOLLEY P.O BOX 113 DENISON TX 75021	1,000.00	OWNER	HOLLEY JOLLY HOMES
8/24/23	JEFFREY BROWN 227 W. LAMAR ST, SHERMAN TX 75090	1,000.00	SPANKY'S, BUSINESS OWNER	SELF
8/24/23	WILLIAM & KELLA KENNEDY 121 S. AUSTIN AVE, DENISON TX 75020	1,500.00	OWNER/LAWYER	WILLION'S WAREHOUSE / SELF
8/24/23	KERYE ASHMORE 2114 JASON CIRCLE, SHERMAN TX 75092	1,500.00	PROSECUTOR	GRAYSON CO. D.A.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/28/23	CLIFF MONTGOMERY 282 SUN DANCE DR, VAN ALSTYNE, TX 75495	300.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/1/23	FRANK & JANET VENTURA 213 ISLAND VIEW DR, POTTSBORO, TX 75076	200.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/6/23	MICHAEL DUNN 2921 REDBUD TRAIL, SHERMAN, TX 75092	200.00

Principal occupation / Job title (See Instructions): REALTOR

Employer (See Instructions): CORNERSTONE REALTY.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/6/23	JACKIE ROBINSON 3401 LUNCH RD, BELLEVILLE, IL 62220	1,000.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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: 16 OF 20

2 FILER NAME: BETH SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/7/23	LAURA & LARRY COOPER 1524 HANOVER LN, VAN ALSTYNE TX 75495	100.00
8 Principal occupation / Job title (See Instructions): ATTORNEY	9 Employer (See Instructions): SELF	
Date: 9/7/23	Full name of contributor: ROSS & SHARON ROLIRAD Contributor address; City; State; Zip Code: 911 QUARRY OAKS DR FAIRVIEW, TX 75070	Amount of contribution ($): 50.00
Principal occupation / Job title (See Instructions): RETIRED	Employer (See Instructions):	
Date: 9/8/23	Full name of contributor: LISA WILSON Contributor address; City; State; Zip Code: 736 WESTWOOD - SHERMAN TX 75092	Amount of contribution ($): 1,000.00
Principal occupation / Job title (See Instructions): EXECUTIVE	Employer (See Instructions): HOME HOSPICE	
Date: 9/20/23	Full name of contributor: REX GLENDENNING Contributor address; City; State; Zip Code: 13267 W. FM 428, CELINA TX 75009	Amount of contribution ($): 2,500.00
Principal occupation / Job title (See Instructions): REAL ESTATE BROKER	Employer (See Instructions): REX REAL ESTATE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 17 of 20

2 FILER NAME: BLEH SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
9/23/23	BILL BENTON	P.O BOX 908, VAN ALSTYNE TX 75495	500.00	OWNER	BENTON - LUTHER
9/28/23	JASON POWELL	P.O. BOX 748, WHITEWRIGHT 75491	2,000.00	OWNER	PCI CONSTRUCTION
9/28/23	SAM BOYLE	2600 W. TRAVIS, SHERMAN TX 75092	100.00	POLICE OFFICER	CITY OF SHERMAN
10/3/23	PAUL BAILEY	3124 LUELLA RD, SHERMAN, TX 75090	200.00	RETIRED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 18 of 20

2 FILER NAME: BLEH SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/3/23	WILLIE & KERI STEELE 639 N. MCKOWN AVE, SHERMAN TX 75090	200.00	BANKER	1st STATE BANK
11/1/23	AVERA DODSON P.O BOX 305, BELLS, TX 75414	2,000.00	OWNER	ASDODSON LANDSCAPE
11/6/23	BILL BENTON P.O. BOX 908, VAN ALSTYNE TX 75495	500.00	OWNER	BENTON, LUTTRELL, BROWN
11/17/23	JO ANN OSBORN 2412 TURTLE CREEK, SHERMAN, TX 75092	300.00	RETIRED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 19 of 20

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 ($)
11/14/23	TRUDY MAXWELL	80.00
	6 Contributor address; City; State; Zip Code: BOX 2929, SHERMAN TX 75091	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
[redacted] BILLING	SEIBMAN LAW

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
11/30/23	GEORGE AND BARBARA WOODRUFF	1,000.00
	Contributor address; City; State; Zip Code: 1308 MUNCH RD, GUNTER, TX 75058	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
12/4/23	CLINT CRAFT	1,000.00
	Contributor address; City; State; Zip Code: 2711 FIELD STREET, CELINA, TX 75009	

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
12/5/23	DEAN GILBERT	100.00
	Contributor address; City; State; Zip Code: 801 E. TAYLOR ST., SHERMAN TX 75090	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
REALTOR	DEAN GILBERT REALTORS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 20 of 20

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
12/19/20	BRETT GRAHAM	1,000.00
	6 Contributor address; City; State; Zip Code: 6081 W. CRAWFORD, DENISON TX 75020	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
1/6/20	JOE WILLIAMS	100.00
	Contributor address; City; State; Zip Code: 2418 W. MORTON ST. DENISON TX 75020	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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: 1

2 FILER NAME: BECH SMITH

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
8/23/23	JOSHUA HOLLEY / DENISON TX 75020	190.20	BEVERAGES FOR FUNDRAISER

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 OF 4	BRETT SMITH	

Expenditure 1

4 Date	5 Payee name	
8/21/23	BILLOW MARKETING	
6 Amount ($)	**7 Payee address;**	**City; State; Zip Code**
42.11	307 W. FM 120	POTTSBORO, TX 75076

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING	EMAILS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name	
8/25/23	FEAST ON THIS	
Amount ($)	**Payee address;**	**City; State; Zip Code**
887.22	1403 W. HOUSTON	SHERMAN TX 75092

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
FUNDRAISING	FOOD & DRINK

☐ 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

Expenditure 3

Date	Payee name	
9/4/23	BILLOW MARKETING	
Amount ($)	**Payee address;**	**City; State; Zip Code**
59.15	307 W. FM 120	POTTSBORO TX 75076

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
ADVERTISING	DOMAIN NAMES

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2 of 4	BETH SMITH	

4 Date	5 Payee name
10/2/23	VONTAGE POI

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
2,500.00	P.O. BOX 340836	AUSTIN	TX	78734

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
CONSULTING	RESEARCH

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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Date	Payee name
10/19/23	FAST SIGNS

Amount ($)	Payee address;	City;	State;	Zip Code
797.75	1920 N. GRAND AVE.	SHERMAN	TX	75090

PURPOSE OF EXPENDITURE

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

☐ 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

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Date	Payee name
10/24/23	BILLOW MARKETING

Amount ($)	Payee address;	City;	State;	Zip Code
48.43	307 W. FM 120	, POTTSBORO	TX	75076

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
ADVERTISING	E-MAIL

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name			
11/15/23	VANTAGE ROI			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
2,500.00	P.O. BOX 340836	AUSTIN	TX	78734

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
CONSULTING	RESEARCH

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name			
11/16/23	PARKER STEELE			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
100.00	27 COKER ROAD,	SHERMAN	TX	75090

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name			
11/30/23	VANTAGE ROI			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
#286.02	P.O BOX 340836	AUSTIN	TX	78734

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name	
11/11/23	GRAYSON COUNTY GOP	
6 Amount ($)	**7 Payee address;**	**City; State; Zip Code**
1,250.00	P.O. BOX 3122	SHERMAN TX 75091

8 PURPOSE OF EXPENDITURE

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

(b) Description: FILING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Expenditure 2

Date	Payee name	
12/13/23	REMINGTON RESEARCH	
Amount ($)	**Payee address;**	**City; State; Zip Code**
7,500.00	800 W. 47th ST, #200	KANSAS CITY, MO 64112

PURPOSE OF EXPENDITURE

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

Description: POLLING

☐ 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

Expenditure 3

Date	Payee name	
1/2/24	FAST SIGNS	
Amount ($)	**Payee address;**	**City; State; Zip Code**
397.49	1920 N. GRAND AVE)	SHERMAN TX 75090

PURPOSE OF EXPENDITURE

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

Description: SIGNS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME: BRETT SMITH	3 Filer ID (Ethics Commission Filers)

4 Date: 11/7/23
5 Payee name: OFFICE DEPOT
6 Amount ($): 52.70
☐ Reimbursement from political contributions intended
7 Payee address; City; State; Zip Code: SHERMAN, TX 75092

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

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

Date: 12/18/23
Payee name: TRACTOR SUPPLY
Amount ($): 85.80
☐ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: 3201 N. US HIGHWAY 75, SHERMAN TX 75090

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): T-POSTS/SIGNS
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

Date
Payee name
Amount ($)
☐ Reimbursement from political contributions intended
Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / (MR) | FIRST: JAMES | MI: BATH

NICKNAME | LAST: SMITH | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. BOX 1962, VON ALSTYNE TX 75495

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(469) 835-8933

6 CAMPAIGN TREASURER NAME

MS / MRS / (MR) | FIRST: ROBERT | MI: DALE

NICKNAME | LAST: BYNUM | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

813 WELL RD, DENISON TX 75020

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 Day Year: 1 / 16 / 24 THROUGH Month Day Year: 2 / 5 / 24

11 ELECTION

ELECTION DATE: Month Day Year: 3 / 05 / 24

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): DISTRICT ATTORNEY

13 OFFICE SOUGHT (if known): DISTRICT ATTORNEY

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	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	$ 15,929.43
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 14,500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JAMES BRETT SMITH, and my date of birth is 6/15/65.

My address is P.O. BOX 1962, VAN ALSTYNE, TX, 75495, USA.
(street) (city) (state) (zip code) (country)

Executed in GRAYSON County, State of TEXAS, on the 5 day of FEBRUARY (month), 2024 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 14,550
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1,000.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 67,981.52
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 820.00
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 OF 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/16/24	LYNN EDMAN 3945 BAMBOO TRAIL, MCKINNEY, TX 75071	250.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
RETIRED		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/17/24	BILL COWEN 1419 MONTFORT DR, SHERMAN TX 75092	50.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
RETIRED	U.S. ARMY	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/17/24	JANE BRONSTAD 1805 ALPINE DR, SHERMAN TX 75092	100.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
RETIRED		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/19/24	TALANA & MIKE FOLEY 2917 WOLF FRONT RD, VAN ALSTYNE TX 75495	500.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
OWNER	CONSTRUCTION CO.	

GRAYSON CO ELECTIONS
2024 FEB 5 AM 10:42 VC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/19/24	ROSS & SHARON ROLLROD 911 QUAIL DR, FAIRVIEW TX 75070	150.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/19/24	LAURI ARMSTRONG 1879 HACKBERRY RD, VAN ALSTYNE, TX 75495	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
NUTRITIONIST	ARMSTRONG BODY

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/19/24	PAUL & VERONICA WESTMORELAND 225 THORNWOOD LN, VAN ALSTYNE, TX 75495	75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
M.D.	TEXOMACARE

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/19/24	MARK RUSSELL 1641 OLD IDA RD, SHERMAN TX 75090	25.00

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/19/24	WILLIAM LEO 76 GREEN MEADOW CT, GUNTER TX 75058	100.00
8 Principal occupation / Job title (See Instructions): RETIRED	9 Employer (See Instructions):	
Date: 1/19/24	Full name of contributor ☐ out-of-state PAC (ID#:) JAMES BENTON Contributor address; City; State; Zip Code: P.O BOX 208, VAN ALSTYNE TX 75495	Amount of contribution ($): 250.00
Principal occupation / Job title (See Instructions): I.T. PROFESSIONAL	Employer (See Instructions):	
Date: 1/19/24	Full name of contributor ☐ out-of-state PAC (ID#:) KURT HIMMELREICH Contributor address; City; State; Zip Code: 112 BLACKMON, VAN ALSTYNE TX 75495	Amount of contribution ($): 500.00
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	
Date: 1/19/24	Full name of contributor ☐ out-of-state PAC (ID#:) BYRON WHITAKER Contributor address; City; State; Zip Code: P.O. BOX 599, VAN ALSTYNE TX 75495	Amount of contribution ($): 500.00
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/19/24	VON GALLAGHER 4209 C.R 826, CELINA TX 75409	3,500.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/19/24	JOYCE GOODWIN 1918 FM 3133, VAN ALSTYNE TX 75495	200.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/19/24	PHYLLIS JAMES 777 WALLACE RD., GUNTER, TX 75058	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
COUNTY COMMISSIONER	GRAYSON CO.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/19/24	STEPHEN RODDY 535 DERBY LN, VAN ALSTYNE TX 75495	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
WARRANTY WORK	HOMEBUILDER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 5 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/18/24	DACIA HATCH 401 VILLANOVA DR, VAN ALSTYNE, TX 75495	50.00
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	
FOOD SAFETY MNG	FRESH REALM	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/18/24	JENNIFER BECHERER 1740 HEARN LN, VAN ALSTYNE TX 75495	100.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
BANKER	TIB	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/18/24	GABRIEL HESS 940 WILLOWSTEN RD, VAN ALSTYNE, TX 75495	500.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
SR. MANAGER	~~BOEING~~ BOEING	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/18/24	JIM ATCHISON P.O BOX 1868, VAN ALSTYNE, TX 75495	250.00
Principal occupation / Job title (See Instructions)	**Employer (See Instructions)**	
RETIRED		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/18/24	KIM VOBEL 14 GALVAN LN, VAN ALSTYNE TX 75495	75.00

8 Principal occupation / Job title (See Instructions): RETIRED

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/23/24	DOROTHY FLEMING 1700 W. HUNT ST, SHERMAN TX 75092	100.00

Principal occupation / Job title (See Instructions): ASSISTANT

Employer (See Instructions): DISTRICT ATTORNEY

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/20/24	ROBER STORMENT P.O. BOX 1326, VAN ALSTYNE TX 75495	100.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/26/24	DAVID BEDGOOD 619 N. TRAVIS, SHERMAN, TX 75090	100.00

Principal occupation / Job title (See Instructions): DIRECTOR

Employer (See Instructions): WALDO FUNERAL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/26/24	FORREST MAHL	526 DELEON ST, DENISON, TX 75020	500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1/25/24	JEFF CHRISTIE	607 AMBASSADOR ST, DENISON TX 75020	100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1/25/24	LAWRENCE DAVIS	325 W. BELDEN ST, SHERMAN ~~TX~~ 75092	500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
OWNER		GRAYSON PETROLEUM	

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1/25/24	STEVE JONES	1301 N. WOODS ST, SHERMAN TX 7509	100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
1/25/24	NELL GRAHAM	101 DIAMOND POINTE LOOP #8, DENISON TX 75020	100.00

8 Principal occupation / Job title (See Instructions): RETIRED

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	JEREMY & TRISH WOOD	P.O. BOX 12108, AUSTIN, TX 78711	200.00

Principal occupation / Job title (See Instructions): PROSECUTOR

Employer (See Instructions): GRAYSON CO DA

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	DWIGHT RAMEY	P.O. BOX 2412 SHERMAN TX 75091	200.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor / out of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	DARLA RAMEY	14 TIMBERCREEK, SHERMAN TX 75092	200.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
1/25/24	BOB AND BARBARA MONK 919 BOONE DR, SHERMAN TX 75090	100.00

8 Principal occupation / Job title (See Instructions): RETIRED

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	SCOTT OR KIM MOAR 2031 PARK RDG, DENISON TX 75020	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	BART & CINDY LAWRENCE P.O. BOX 1882, POTTSBORO TX 75076	250.00

Principal occupation / Job title (See Instructions): OWNER

Employer (See Instructions): LAWRENCE CONSTRUCTION

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	MARK KUNEMAN 2805 VENTURE CIR, DENISON TX 75020	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
1/25/24	NJD ADVENTURES 200 LAUREL CREEK DR, SHERMAN TX 75092	200.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	VIRGINIA SMITH P.O BOX 354, SHERMAN TX 75091	250.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	LINDSAY WILLEFORD 3201 SANDSTONE DR, SHERMAN TX 75092	250.00

Principal occupation / Job title (See Instructions): PROSECUTOR

Employer (See Instructions): GRAYSON CO. D.A.

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	JASON BETNER 1407 AVENDALE CT, SHERMAN TX 75092	150.00

Principal occupation / Job title (See Instructions): BANKER

Employer (See Instructions): 1st UNITED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
1/25/24	MICHAEL SPRINGER	5249 W. FM 120, DENISON, TX 75020	100.00

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

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	KEVIN WILSON	555 OLD HWY 6, HOWE TX 75459	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
SUPERINTENDANT	HOWE ISD

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	BILL COWAN	1419 MONFORT DR, SHERMAN TX 75092	50.00

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

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address, City, State, Zip Code	Amount of contribution ($)
1/25/24	WILLIAM & KELI STEELE	639 N. MCKOWN AVE, SHERMAN, TX 75092	150.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BANKER	1ST STATE BANK

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12 of 15

2 FILER NAME: BRET SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#)	7 Amount of contribution ($)
1/25/24	NORA & BRUCE BUNUM	200.00
	6 Contributor address; City; State; Zip Code: 813 WELLS RD, DENISON TX 75020	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
1/25/24	JOE FALLON	200.00
	Contributor address; City; State; Zip Code: 2235 TURTLE CREEK DR, SHERMAN, TX 75092	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INS. AGENT	N.W. MUTUAL

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
1/25/24	ELISHA BROWN	200.00
	Contributor address; City; State; Zip Code: 2212 POST OAK DR. SHERMAN TX 75092	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PROSECUTOR	GRAYSON CO D.A.

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
1/25/24	RON HUFF	200.00
	Contributor address; City; State; Zip Code: 112 S. CROCKETT, SHERMAN TX 75090	

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers)

---

4 Date: 1/25/24

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): ROSS ROLLAD

6 Contributor address; City; State; Zip Code: 911 QUARRY OAK DR. FAIRVIEW, TX 75069

7 Amount of contribution ($): 100.00

8 Principal occupation / Job title (See Instructions): RETIRED

9 Employer (See Instructions):

Date: 1/25/24

Full name of contributor ☐ out-of-state PAC (ID#:_____): KAREN BRAU

Contributor address; City; State; Zip Code: 1022 ADDISON AVE, POTTSBORO, TX 75076

Amount of contribution ($): 50.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date: 1/25/24

Full name of contributor ☐ out-of-state PAC (ID#:_____): PAUL BOLLEN

Contributor address; City; State; Zip Code: 3124 LUCILLE RD. SHERMAN TX 75090

Amount of contribution ($): 150.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date: 1/25/24

Full name of contributor ☐ out-of-state PAC (ID#:_____): NAIF & CINDY RISK

Contributor address; City; State; Zip Code: 445 RIDDELS RD, SHERMAN TX 75092

Amount of contribution ($): 100.00

Principal occupation / Job title (See Instructions): COBBLER/OWNER

Employer (See Instructions): RISK SHOE

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/25/24	SIDNEY PHILLIPS 1230 W. CHESTNUT ST, DENISON TX 75020	75.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/25/24	JAMES GARCIA 1217 W. McBEE ST., SHERMAN TX 75092	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/25/24	JUDITH McBRAW 9909 BASALT LN, DENISON TX 75207	250.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/26/24	LEE OLMSTEAD 5414 N. FM 1417, SHERMAN TX 75092	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
OWNER	LMO ENTERPRISES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15 of 15

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1/26/24	BARRY BOOTHE 1875 N. LINCOLN PARK RD, VAN ALSTYNE TX 75495	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
REAL ESTATE DVLP.	BLUESTONE

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
1/29/24	HOWARD THORNTON P.O. BOX 1429, VAN ALSTYNE TX 75495	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/2/24	DAVID BOLLESS P.O. BOX 1229, DENISON TX 75021	250.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/2/24	LUKE MOTLEY 111 S. TRAVIS, SHERMAN TX 75090	500.00

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

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

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
1/18/24	BILL BENTON 1401 HANDS RANCH RD, VAN ALSTYNE, TX 75495	500.00	FOOD/DRINK ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13 Contributor's job title (FOR JUDICIAL) (See Instructions)**
REAL ESTATE - INSURANCE	SELF - BENTON LUTTRELL
14 Contributor's employer/law firm (FOR JUDICIAL)	**15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)**
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
1/25/24	BRETT & DEBBIE GRAHAM 6801 W. CRAWFORD, DENISON TX 75020	500.00	FOOD/DRINK ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	**Contributor's job title (FOR JUDICIAL) (See Instructions)**
OWNER	GRAHAM INTERNATIONAL
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.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 3	BRETT SMITH	

4 Date	5 Payee name			
1/17/24	FASTSIGNS			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
735.02	1602 E. HOUSTON	SHERMON	TX	75090

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING	SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name			
1/22/24	THE POLITICAL FIRM			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
250.00	5555 HILTON AVE, #203	BATON ROUGE	LA	70808

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name			
1/24/23	FASTSIGNS			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
324.75	1602 E. HOUSTON	SHERMON	TX	75090

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME: BRETT SMITH	3 Filer ID (Ethics Commission Filers)
4 Date: 1/29/24	5 Payee name: JOEL DUKE	
6 Amount ($): 1,400.00	7 Payee address; City; State; Zip Code: 101 D. STREET, WHITESBORO TX 76273	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING	(b) Description: SIGN BUILDING / PLACEMENT
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 1/29/24	Payee name: THE POLITICAL FIRM	
Amount ($): 540.00	Payee address; City; State; Zip Code: 5555 HILTON AVE #203, BATON ROUGE LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): VOICE OVER	Description: COMMERCIAL
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 1/29/24	Payee name: AX MEDIA	
Amount ($): 36,000.00	Payee address; City; State; Zip Code: 800 W. 47th ST, #200, KANSAS CITY MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING	Description: T.V. COMMERCIAL
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3 OF 3		

4 Date	5 Payee name
2/1/24	AXIOM STRATEGIES

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
28,407	800 W. 47th St, #200,	Kansas City,	MO	64112

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING	MAIL

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name
2/2/24	FASTSIGNS

Amount ($)	Payee address;	City;	State;	Zip Code
324.75	1602 E. HOUSTON	SHERMAN	TX	75090

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date	Payee name

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

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	BRETT SMITH	

4 Date	5 Payee name
2/1/24	BONFIRE

6 Amount ($)	7 Payee address; City; State; Zip Code
820.00 ☐ Reimbursement from political contributions intended	1900 E. 15th ST; BLD 600 EDMOND, OK 73013

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING	TEXTS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	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

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 NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: (MR)
FIRST: JAMES
MI: BRETT
NICKNAME
LAST: SMITH
SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. BOX 1962
APT / SUITE #:
CITY: VAN ALSTYNE
STATE: TX
ZIP CODE: 75495

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (469)
PHONE NUMBER: 835-8933
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: (MR)
FIRST: ROBERT
MI: DRUE
NICKNAME
LAST: BYNUM
SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 813 WELL RD
APT / SUITE #:
CITY: DENISON
STATE: TX
ZIP CODE: 75020

8 CAMPAIGN TREASURER PHONE

AREA CODE: (903)
PHONE NUMBER: 227-4626
EXTENSION:

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	Day	Year
	2	6	24
THROUGH	2	26	24

11 ELECTION

ELECTION DATE: Month 3 Day 5 Year 24

ELECTION TYPE:
☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): DISTRICT ATTORNEY

13 OFFICE SOUGHT (if known): DISTRICT ATTORNEY

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Brett Smith		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	$ 31,600
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 25,361.12
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,769.45
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 14,500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office

_____ | _____ | _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is James Brett Smith, and my date of birth is 6/15/65

My address is P.O. Box 1962, Van Alstyne, TX, 75495, USA
(street) (city) (state) (zip code) (country)

Executed in Grayson County, State of Texas, on the 26 day of February, 2024.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
BRETT SMITH	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 13,660
2.	☑	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 17,940
3	☐	SCHEDULE B PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E LOANS	$
5	☑	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 25,339.13
6	☐	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	$
7	☐	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8	☐	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	$
9	☑	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 21.99
10	☐	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11	☐	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/6/24	WILLIAM & LAURA TAYLOR 1251 ARROYO BLANCO, FAIRVIEW, TX 75069	300.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/6/24	ROBERT TAYLOR P.O. BOX 766, GUNTER, TX 75058	300.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/7/24	DON HICKS ~~2~~500 SEDALIA CT, SHERMAN, TX 75092	1,000.00

Principal occupation / Job title (See Instructions): OWNER

Employer (See Instructions): TEXOMA COUNTY POOLS

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/7/24	WILLIAM BENNIE 5275 DUBAN CHAPEL RD., BELLS, TX 75414	1,000.00

Principal occupation / Job title (See Instructions): CHIEF DEPUTY

Employer (See Instructions): GRAYSON CO. SHERIFF'S OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
2/1/24	REX GLEN DENNING 17400 PRESTON RD. FRISCO TX 75033	1,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
OWNER	REX REAL ESTATE

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
2/8/24	FRANK & JANET VENTURA 213 ISLAND VIEW DR, POTTSBORO TX 75076	200.00

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

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
2/8/24	BRAD & RENA DOUGLAS 2400 MEADOWS LN, SHERMAN TX 75092	2,000.00

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

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)
2/8/24	TERRY SKIPWORTH 2860 REFUGE RD, SHERMAN TX 75092	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
OWNER	SKIPWORTH CONSTRUCTION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 3 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/8/24	JEFFREY BROWN 227 W. LAMAR ST, SHERMAN TX 75090	500.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/24	JIM LEINART P.O. BOX 471 SHERMAN TX 75091	100.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/24	JOHN BULLARD 2036 W. MAIN, DENISON TX 75020	100.00

Principal occupation / Job title (See Instructions): OWNER PARTNER

Employer (See Instructions): HOME HEALTH CARE CO.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/24	RON SEAL 4493 W. LOY LAKE RD, DENISON TX 75020	250.00

Principal occupation / Job title (See Instructions): DIRECTOR

Employer (See Instructions): TMC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 4 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
2/8/24	SCOTT RENFRO	P.O. BOX 34, HOWE TX 75495	500.00	FARMER	RENFRO FARMS
2/8/24	THOMAS & MELIDA AUSMIRE	2409 TURTLE CREEK DR, SHERMAN TX 7509	250.00	CAR SALES / INTERPRETER	J-TALK
2/8/24	BOB MONK	919 BOONE DR, SHERMAN TX 75090	100.00	RETIRED	
2/8/24	JO ANN OSBURN	2412 TURTLECREEK DR, SHERMAN TX 7509	100.00	RETIRED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 5 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/8/24	RUSS SPEARS UNKNOWN	50.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/24	STEPHEN GOODMAN 2300 CARRIBBE ESTATES DR, SHERMAN TX 75092	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/24	RANDALL COLLUM 1809 CARRIBBE ESTATES RD, SHERMAN TX 75092	100.00

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
2/8/24	SUE KEATING UNKNOWN	60.00

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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: 6 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
2/8/24	BUSCH FAFC	700 W. WASHINGTON ST, SHERMAN TX 75092	100.00

8 Principal occupation / Job title (See Instructions): OWNER

9 Employer (See Instructions): FIFE REALTY

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/8/24	KRISTINE MCKINNEY	101 DIAMOND POINTE LP, #7N, DENISON TX 75020	100.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/12/24	GURMAIL DHESI	525 S. WALNUT SHERMAN TX 75090	500.00

Principal occupation / Job title (See Instructions): OWNER

Employer (See Instructions): CONVENIENCE STORE

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
2/12/24	DAKOTA RAINEY	4191 PARTERRE DR, FRISCO, TX 75033	1,000.00

Principal occupation / Job title (See Instructions): PROJECT ASSOC.

Employer (See Instructions): ROCKHILL CAPITAL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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: 7 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address	7 Amount of contribution ($)
2/16/24	THOMAS BARNETT 3108 REDBUD TRL; SHERMAN TX 75092	150.00

8 Principal occupation / Job title (See Instructions): ENGINEER

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address	Amount of contribution ($)
2/19/24	BILL DOUGLAS 2301 SAN MIGUEL, SHERMAN TX 75092	1,000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address	Amount of contribution ($)
2/19/24	KERRIE THOMAS 1340 SPRINGTOWN RD, VAN ALSTYNE 75495	200.00

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions): FBI

Date	Full name of contributor / Contributor address	Amount of contribution ($)
2/19/24	PHYLLIS JAMES 777 WALLACE RD, GUNTER, TX 75058	500.00

Principal occupation / Job title (See Instructions): COMMISSIONER

Employer (See Instructions): GRAYSON COUNTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 8 of 8

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2/19/24	BOBBIE STODDARD 1509 HARBOROUGH DR, SHERMAN TX 75092	500.00
8 Principal occupation / Job title (See Instructions): RETIRED	9 Employer (See Instructions):	
Date: 2/17/24	Full name of contributor: JUDY LIPSCOMB Contributor address; City; State; Zip Code: 121 LAUREL CREEK DR, SHERMAN TX 75090	Amount of contribution ($): 100.00
Principal occupation / Job title (See Instructions): M.D.	Employer (See Instructions): T.P.G.	
Date: 2/19/24	Full name of contributor: ROBEN SANDERS Contributor address; City; State; Zip Code: 300 N. TRAVIS, E. SHERMAN, TX 75090	Amount of contribution ($): 1,000.00
Principal occupation / Job title (See Instructions): ATTORNEY	Employer (See Instructions): SELF	
Date: 2/22/24	Full name of contributor: DEAN GILBERT Contributor address; City; State; Zip Code: 801 E. TAYLOR, SHERMAN, TX 75090	Amount of contribution ($): 250.00
Principal occupation / Job title (See Instructions): REALTOR	Employer (See Instructions): DEAN GILBERT REALTORS	

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 Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 1 of 8
2 FILER NAME: Brett Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
2/9/24	Eric Bryant / 2900 S. Eisenhower Pkwy, Denison TX 75020 ☐ Check if travel outside of Texas. Complete Schedule T.	15,000.00	~~Filing~~ Filming & Editing

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13 Contributor's job title (FOR JUDICIAL) (See Instructions)**
Owner	Classic Chevrolet
14 Contributor's employer/law firm (FOR JUDICIAL)	**15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)**
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
2/9/24	Butch Fife / 700 W. Washington St, Sherman TX 75092 ☐ Check if travel outside of Texas. Complete Schedule T.	500.00	Food & Drink

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Owner	Fife Realty
Contributor's principal occupation (FOR JUDICIAL)	**Contributor's job title (FOR JUDICIAL) (See Instructions)**
Contributor's employer/law firm (FOR JUDICIAL)	**Law firm of contributor's spouse (if any) (FOR JUDICIAL)**
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 of 2

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
2/19/24	SHELLY SMITH / P.O. BOX 1962, VAN ALSTYNE TX 75495	1,040.00	TEXTING

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
EXECUTIVE	VES, INC.
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
2/16/24	BARON WHITAKER / P.O. BOX 599, VAN ALSTYNE, TX 75495	1,400.00	FILM VIDEO

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
EXECUTIVE	GCEC
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 1 OF 3 | 2 FILER NAME: BRETT SMITH | 3 Filer ID (Ethics Commission Filers):

4 Date: 2/8/24 | 5 Payee name: FAST SIGNS

6 Amount ($): 895.79 | 7 Payee address: 1602 HOUSTON ST; City: SHERMAN State: TX Zip Code: 75090

8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): ADVERTISING | (b) Description: SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

---

Date: 2/13/24 | Payee name: AXIOM STRATEGIES

Amount ($): 9,469.00 | Payee address: 800 W. 47th ST; #200, KANSAS CITY, MO 64112 City; State; Zip Code

PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): ADVERTISING | Description: MAILER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

---

Date: 2/16/24 | Payee name: AXIOM STRATEGIES

Amount ($): 4,700.00 | Payee address: 800 W. 47th ST., #200, KANSAS CITY, MO 64112 City; State; Zip Code

PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): CONSULTING | Description: POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2 of 2	BLAKE SMITH	

Expenditure 1

4 Date	5 Payee name	
2/16/24	FASTSIGNS	
6 Amount ($)	**7 Payee address:**	City: State: Zip Code
~~675.34~~	1602 HOUSTON ST,	SHERMAN TX 75090

8 PURPOSE OF EXPENDITURE

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

(b) Description: SIGNS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

Expenditure 2

Date	Payee name	
2/20/24	COLTON ELDRIDGE	
Amount ($)	**Payee address:**	City: State: Zip Code
130.00	203 W. BULLOCK ST, DENISON TX 75020	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): [redacted] / SALARY

Description: SIGNS

☐ 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

Expenditure 3

Date	Payee name	
2/20/24	AXIOM STRATEGIES	
Amount ($)	**Payee address:**	City: State: Zip Code
9,469.00	800 W. 47th St., # 200, KANSAS CITY MO	64112

PURPOSE OF EXPENDITURE

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

Description: MAILER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date: 2/14/24

5 Payee name: AMAZON

6 Amount ($): 21.99

☐ 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): ADVERTISING

(b) Description: FLAGS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date | 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

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 NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) | FIRST: JAMES | MI: B.

NICKNAME: SMITH | LAST | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE

P.O. BOX 1962, VAN ALSTYNE TX 75495

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(469) 835-8933

6 CAMPAIGN TREASURER NAME

MS / MRS / (MR) | FIRST: ROBERT | MI: DALE

NICKNAME | LAST: BYNUM | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY | STATE | ZIP CODE

813 WELL RD, DENISON TX 75020

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	Day	Year		Month	Day	Year
	2	26	24	THROUGH	07	14	24

11 ELECTION

ELECTION DATE: Month / Day / Year /

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

12 OFFICE

OFFICE HELD (if any): DISTRICT ATTORNEY

13 OFFICE SOUGHT (if known): —

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Etnics 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)	$ 3,450.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	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	$ 8,605.55

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is J. BRETT SMITH, and my date of birth is 6/15/65

My address is P.O. BOX 1962 (street) VAN ALSTYNE (city) TX (state) 75495 (zip code) US (country)

Executed in GRAYSON County, State of TEXAS, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#)	7 Amount of contribution ($)
2/27/24	DAVID GIBSON	250.00
	6 Contributor address, City, State, Zip Code: P.O. BOX 1841, POTTSBORO TX 75076	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
2/27/24	JUSTIN GIBSON	100.00
	Contributor address, City, State, Zip Code: 191 WATSON RD, BELLS TX 75414	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
2/27/24	DANA TENNYSON	100.00
	Contributor address, City, State, Zip Code: 82 SHADOW LN, POTTSBORO TX 75076	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
OWNER	BILLION MARKETING.	

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)
2/28/24	BRAD OLIVER	500.00
	Contributor address, City, State, Zip Code: 350 N. MAIN, RAVENNA, TX 75439	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
OWNER	CINCO PESO CO.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# _____)	7 Amount of contribution ($)
2/29/24	LEON CARTER 6 Contributor address; City; State; Zip Code 5603 OAK FALLS CIR, DALLAS, TX 75287	2,500.00

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

Date	Full name of contributor ☐ out-of-state PAC (ID# _____)	Amount of contribution ($)
	Contributor address City State, Zip Code	

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

Date	Full name of contributor ☐ out-of-state PAC (ID# _____)	Amount of contribution ($)
	Contributor address, City, State, Zip Code	

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

Date	Full name of contributor ☐ out-of-state PAC (ID# _____)	Amount of contribution ($)
	Contributor address; City, State, Zip Code	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
3/1/24	SHELBY SMITH **7** Contributor address; City; State; Zip Code P.O. BOX 1962, VAN ALSTYNE TX 75495	80.00	T-SHIRT ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date: 3/1/24	5 Payee name: LOCKRONE LAW FIRM	
6 Amount ($): 1,575.00	7 Payee address; City; State; Zip Code: 123 N. CROCKETT, #200, SHERMAN TX 75090	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): LEGAL SERVICES

(b) Description: DEMAND LTR.

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date | Payee name

Amount ($) | Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date | Payee name

Amount ($) | Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date: 3/2/24

5 Payee name: BONFIRE

6 Amount ($): 2,215.60

☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 1900 E. 15th ST, BLD 600 EDMOND, OK 73013

8 PURPOSE OF EXPENDITURE

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

(b) Description: TEXTS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date | 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

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 NEEDED

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:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount ($)
6/25/24	BECH SMITH	5,894.45
	6 Address of person from whom amount is received; City; State; Zip Code: P.O. BOX 1962, VON ALSTYNE TX 75495	
	7 Purpose for which amount is received: LOAN REPAYMENT ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED