

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST JAMES	MI BREH	OFFICE USE ONLY	
	NICKNAME	LAST SMITH	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	FIRST ROBERT	MI DRVE	OFFICE USE ONLY	
	NICKNAME	LAST BYNUM	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CITY. STATE. ZIP CODE 813 WELW RD, DENISON TX 75020				
	8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 227-4626		EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 2 6 24			Month Day Year 2 26 24	
	THROUGH				
11 ELECTION	ELECTION DATE Month Day Year 3 5 24			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) DISTRICT ATTORNEY			13 OFFICE SOUGHT (if known) DISTRICT ATTORNEY	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE		COMMITTEE NAME		
	<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME		
			COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME 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 **SPAWSON** County, State of **TEXAS**, on the **26** day of **FEBRUARY**, 20**24**
(month) (year)

Signature of Candidate/Officeholder (Declarant)

3RAYSON CO ELECTIONS
2024 FEB 26 AM 11:02:16

SUBTOTALS - C/OH

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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

2/6/24

5 Full name of contributor

out-of-state PAC (ID# _____)

WILLIAM & LAURA TAYLOR

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

1251 ARROYO BLANCO, FAIRVIEW, TX 75069

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/6/24

Full name of contributor

out-of-state PAC (ID# _____)

ROBERT TAYLOR

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

P.O. BOX 766, GUNTER, TX 75058

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/24

Full name of contributor

out-of-state PAC (ID# _____)

DON HICKS

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

2500 SEDALIA CIL, SHEPHERD, TX 75092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

TEXOMA COUNTY POOLS

Date

2/7/24

Full name of contributor

out-of-state PAC (ID# _____)

WILLIAM BENNIE

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

5275 DUBAN CHAPEL RD., BEAUS, TX 75414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CHIEF DEPUTY

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 2/7/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REX GLEN DENNING	7 Amount of contribution (\$) 1,000.00
6 Contributor address, City, State, Zip Code 12400 PRESTON RD. FRISCO TX 75033		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) REX REAL ESTATE
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANK & JANEL KENTURA	Amount of contribution (\$) 200.00
Contributor address, City, State, Zip Code 213 ISLAND VIEW DR, POTTSBORO TX 75076		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRAD & RENA DOUGLAS	Amount of contribution (\$) 2,000.00
Contributor address, City, State, Zip Code 2400 MEADOWS LN, SHERMAN TX 75092		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEJAN SKIPWORTH	Amount of contribution (\$) 250.00
Contributor address, City, State, Zip Code 2860 REFUGE RD, SHERMAN TX 75092		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SKIPWORTH CONSTRUCTION
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 2/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFREY BROWN	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 227 W. LAMAR ST, SHERMAN TX 75090		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
RETIRED		
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM LEINART	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. BOX 471 SHERMAN TX 75091		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN BULLARD	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2036 W. DALL, DENISON TX 75020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
OWNER PARTNER		HOME HEALTH CARE CO.
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON SEAR	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4493 W. LOU LAKE RD, DENISON TX 75020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
DIRETOR		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 2/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# SCOTT RENFRO	7 Amount of contribution (\$) 500.00
6 Contributor address: City State Zip Code P.O. BOX 34, HOWE TX 75495		
8 Principal occupation / Job title (See Instructions) FARMER		9 Employer (See Instructions) RENFRO FARMS
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# THOMAS & MELIDA ALLSNIPE	Amount of contribution (\$) 250.00
Contributor address: City State Zip Code 2409 TURTLE CREEK DR. SHERMAN TX 75092		
Principal occupation / Job title (See Instructions) CAR SALES / INTERPRETER		Employer (See Instructions) J-TALK
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# BOB MONK	Amount of contribution (\$) 100.00
Contributor address: City State Zip Code 919 BOONE DR, SHERMAN TX 75090		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# JO. ANN OSBURN	Amount of contribution (\$) 100.00
Contributor address: City State Zip Code 2412 TURTLE CREEK DR, SHERMAN TX 75092		
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 5 of 8
2 FILER NAME BRETT SMITH		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RUSS SPEARS	7 Amount of contribution (\$) 50.00
6 Contributor address; City, State; Zip Code UNKNOWN		
8 Principal occupation / Job title (See Instructions) UNKNOWN		9 Employer (See Instructions)
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STEPHEN GOODMAN	Amount of contribution (\$) 100.00
Contributor address; City, State, Zip Code 2300 CARRIBE ESTATES DR, SHERMAN TX 75192		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BANDALL COLLUM	Amount of contribution (\$) 100.00
Contributor address; City, State, Zip Code 1809 CARRIBE ESTATES RD, SHERMAN TX 75192		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SUE KENTING	Amount of contribution (\$) 60.00
Contributor address; City, State, Zip Code UNKNOWN		
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
6 of 8

2 FILER NAME

BRETT SMITH

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/24

5 Full name of contributor

BUTCH HIFE

out of state PAC ID#

7 Amount of contribution (\$) **100.00**

6 Contributor address

City

State

Zip Code

700 W. WASHINGTON ST, SHERMAN TX 75092

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

HIFE HENTY

Date

2/8/24

Full name of contributor

KRISTINE MCKENNA

out of state PAC ID#

Amount of contribution (\$) **100.00**

Contributor address

City

State

Zip Code

101 DIAMOND POINTE LP, #7N, DENVER CO

Principal occupation / Job title (See Instructions)

RETIRO

Employer (See Instructions)

Date

2/10/24

Full name of contributor

GURMAIL DHESI

out of state PAC ID#

Amount of contribution (\$) **500.00**

Contributor address

City

State

Zip Code

575 S. WALNUT SHERMAN TX 75090

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

CONVENIENCE STORE

Date

2/12/24

Full name of contributor

DAKOTA RAINEN

out of state PAC ID#

Amount of contribution (\$) **1,000.00**

Contributor address

City

State

Zip Code

4191 PARTRIDGE DR, FROSTO, TX 75033

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 2/16/24	5 Full name of contributor THOMAS BARNETT	7 Amount of contribution (\$) 150.00
6 Contributor address 3108 REDBUD TRL; SHEPHERD TX 75092		
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions)
Date 2/19/24	Full name of contributor Bill DOUBLAS	Amount of contribution (\$) 1,000.00
Contributor address 2301 SON MIBVEL, SHELBY TX 75092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/24	Full name of contributor KERRIE THOMAS	Amount of contribution (\$) 200.00
Contributor address 1340 SPRINGBROOK RD, VAN ALSTINE TX 75495		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) FBI
Date 2/19/24	Full name of contributor PHYLLIS JAMES	Amount of contribution (\$) 500.00
Contributor address 777 WALLACE RD, QUINCY, TX 75058		
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.

RAYSON CO ELECTIONS
024 FEB 26 AM 11:02:52

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

2/19/24

5 Full name of contributor out-of-state PAC (ID# _____)

BARBARA STODOLNICK

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

1509 HARBORVIEW DR, SHERMAN TX 75092

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

2/17/24

Full name of contributor out-of-state PAC (ID# _____)

JUDY LIPSCOMB

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

121 LAUREL CREEK DR, SHERMAN TX 75090

Principal occupation / Job title (See Instructions)

M.D.

Employer (See Instructions)

T.P.C.

Date

2/19/24

Full name of contributor out-of-state PAC (ID# _____)

ROBEN SANDERS

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

300 N. TRAVIS, SHERMAN, TX 75090

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

2/22/24

Full name of contributor out-of-state PAC (ID# _____)

DEAN GILBERT

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

801 E. TAYLOR, SHERMAN, TX 75090

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: <i>2 of 2</i>	
2 FILER NAME <i>BRETT SMITH</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/9/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERIC BRUNNT</i>	8 Amount of Contribution \$ <i>15,000.00</i>	9 In-kind contribution description <i>FILMS & EDITING</i>
7 Contributor address; City; State; Zip Code <i>2900 S. EISENHOWER PKWY, DENISON TX 75020</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>OWNER</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>CLASSIC CHEVROLET</i>	
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 <i>2/9/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BUTCH FIFE</i>	Amount of Contribution \$ <i>500.00</i>	In-kind contribution description <i>FOOD & DRINK</i>
Contributor address; City; State; Zip Code <i>700 W. WASHINGTON ST, SHERMAN TX 75092</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>OWNER</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>FIFE REALTY</i>	
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: <i>2 of 2</i>	
2 FILER NAME <i>BRETT SMITH</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/19/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHELLY SMITH</i>	8 Amount of Contribution \$ <i>1,040.00</i>	9 In-kind contribution description <i>TEXTING</i>
7 Contributor address; City; State; Zip Code <i>P.O. BOX 1962, VAN ALSTINE TX 75495</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>EXECUTIVE</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>VES, INC.</i>	
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 <i>2/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BYRON WHITAKER</i>	Amount of Contribution \$ <i>1,400.00</i>	In-kind contribution description <i>FILM VIDEO</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 599, VAN ALSTINE, TX 75495</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>EXECUTIVE</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>GCEC</i>	
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 10 of 2	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; SHERMAN TX 75090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING	(b) Description: SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date: 2/13/24	Payee name: AXIOM STRATEGIES	
Amount (\$): 9,469.00	Payee address: 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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date: 2/16/24	Payee name: AXIOM STRATEGIES	
Amount (\$): 4,700.00	Payee address: 800 W. 47th ST, #200, KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): CONSULTING	Description: POLLING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2042	2 FILER NAME BLETH SMITH	3 Filer ID (Ethics Commission Filers)
4 Date 2/16/24	5 Payee name FAST SIGNS	
6 Amount (\$) 635.34	7 Payee address: City: State: Zip Code 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 2/20/24	Payee name COLTON ELDRIDGE		
Amount (\$) 130.00	Payee address: City: State: Zip Code 1203 W. BULLOCK ST, DENVER TX 75020		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING / SALARY	Description SIGNS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 2/20/24	Payee name AXIUM STRATEGIES		
Amount (\$) 9,469.00	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 MAILER	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/24	5 Payee name AMAZON	
6 Amount (\$) 21.99 <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED