		E REPORT			ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS	FIRST	BISH	OFFICE	USEONLY
NAME	NICKNAME	JAMES. SMITH	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.D. BOX		CITY: STATE; ZIP CODE OLSTYNE 1X 75495		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469) 8	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS /	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		BYNUM		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS			SUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	81	3 WELL RD,	DENISON TX	75020	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before		(Officehold	ifter campaign appointment ler Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 16 / 24	Month THROUGH 2	Day Yes	
11 ELECTION	ELECTION DA Month Day	Year Primary	Description	E	
12 OFFICE	OFFICE HELD (if any)	THIC MORNE	13 OFFICE SOUGHT (if know DISTRICT AT		
14 NOTICE FROM POLITICAL COMMITTEE(S)		LDER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	FINANCEREPORT		
15 C/OH NAME		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OF		\$ 15,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPL	ENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 68,801.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS I OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DAY	\$ 68,801.57 \$ 15,929.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL (LAST DAY OF THE REPORTING PER		\$ 14,500.0
(1) Affidavit			
NOTARY STAMP/SEA			
	before me by		_ oay or,
Signature of officer administe	ering oath Printed name of officer add	ninistering oath	Title of officer administering oath
(2) Unsworn Declarat	on NES BREEF SMITH	6	115/65
My name is	P.0, BOX 1967	, and my date of birth is <u>6</u>	7549.5 VSA
Executed in 6PA4	(street) SIN County, State of TEXAS, or	(city) (state) the <u>5</u> day of <u>FEBUARU</u>	(zip code) (country) , 20 <mark>24</mark> . (year)
		Signature of Candidate/Offic	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	ILER NAME	20 Filer ID (Ethics Cor	nmissi	on Filers)
	CHEDULE SUBTOTALS IAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		S	14,550
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S	14, 550 1,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		5	/ ·
4.	SCHEDULE E: LOANS		S	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s 🌡	67,981.50
6.	SCHEDULE F2. UNPAID INCURRED OBLIGATIONS		S	
7.	SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	S	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		S	
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	S	820.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	S	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	S	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	S	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date 1/16/24	5 Full name of contributor □ out-of-state PAC (ID#	Zip Code 75071 7 Amount of contribution (\$) 250.00 75071
Principal occu	Pation / Job title (See Instructions) 9 Emplo	oyer (See Instructions)
Date 1/17/24	Full name of contributor □ out-of-state PAC (ID#	Zip Code 50.00
Principal occup	Deation / Job title (See Instructions) Emplo	AFM 4
Date 1/17/24	Full name of contributor □ out-of-state PAC (104 JANE BRUN STAD Contributor address; City; State; 18005 AL RUSE	Zip Code /00 .00
Principal occu	1805 ALPINE DK, SNOLMON R pation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date 1/19/24	Full name of contributor address; City; State;	75495
Principal occu	pation / Job title (See Instructions) Empl	oyer (See Instructions)
Principal occu	DWNEN CO	

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 20F15
FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Ross & Shakon Pourol 6 Contributor address; City; 911 QUALEN DE FAIEVER 7 pation / Job title (See Instructions)) State; Zip Code	7 Amount of contribution (\$) [50-00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		(iD#)	Amount of contribution (\$)
1/19/24		State; Zip Code 75445	50.00
Principal occu	1879 HOCKBELLA RD, 40 pation / Job title (See Instructions)	Employer (See Instruct	ons)
		ARMS/LUNG BU	
Date	Full name of contributor aut-of-state PAC	1	Amount of contribution (\$)
1/19/24	PAUL & VELONLON WESTI Contributor address; City; 225 THOLH WOOD LN, VAN	State; Zip Code	75.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	
	M P.	TEXOMPLAL	E
Date	Full name of contributor aut-of-state PAC	(104:)	Amount of contribution (\$)
111/24	Contributor address; City;	State; Zip Code	25.00
	1641 OLD TOA R.D. SHOW		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instruct	uons)
NEW TOULS	E 10042:04		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 OF 15
FILER NAME BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor aut-of-state PAC (10#) ULUAN LED 6 Contributor address: City: State: Zip Code 76 GLEEN MEADOW CJ, BUNJEN 18	
Principal occupation / Job title (See Instructions) 9 Employer (See Instruc-	ctions)
Date Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)
19/24 JAMES BENTIN Contributor address: City; State; Zip Code	250.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
1. T. PROFESSIONEL	
Date Full name of contributor Out-of-state PAC (10#) IIg Jul KURT HIMMELFEICH	
Contributor address; City; State; Zip Code	500.00
II2-BLACKMIN, VW NSMAR 1R 15495 Principal occupation / Job title (See Instructions) Employer (See Instructions)	luctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/19/24 BYRON WHITAKEN Contributor address; City; State; Zip Code P.U. BOX 599, VAN DISTINE IX 15495	500.00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)

3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 3,500.00 ns) 0NSTRUCTION Amount of contribution (\$)
3,500.00 ns) ONSTRUCTION Amount of contribution (\$)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5 0F 15
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date 1/18/24	5 Full name of contributor aut-of-state PAC (ID#	ode 50.00
Principal occu		See Instructions)
Date 1/18/24	Full name of contributor I out-of-state PAC (ID#	Code /00.00
Principal occu	1740 HEARN LN, VAN ALSAINE TX 75 pation / Job title (See Instructions) Employer (S BANKEN TIB	See Instructions)
Date 8 24	Full name of contributor aut-of-state PAC (104 GABHEL HESS Contributor address; City; State; Zip C 754 940 WILLIN VESSION RD, VAN ALSAINE)	Sode 500.00
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions) PBOEING
Date 1/18 24	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City: State; Zip C P.O BOX (868, UNN DLSTUNE JX 154 apation / Job title (See Instructions) Employer (See Instructions)	
	REGIRED	

SCHEDULE A1

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

The l	nstruction Guide explains how to complete this for	m.	1 Total pages Schedule A1
			2 Eiler ID (Hitter Commission Eilers)
2 FILER NAME	BRETT SMITH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-ol-state PAC (ID	ŧ)	7 Amount of contribution (\$)
1/18/04	6 Contributor address; City; S	State; Zip Code	75.00
	14 GOLVION LN, VON DISPUNE	TX 75495	
8 Principal occup	ation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor 🗌 out-of-state PAC (ID		Amount of contribution (\$)
1/23/24	DORONY (LEMNO Contributor address; City;	State; Zip Code	100.00
	1700 W. HUNT ST, SHORMAN		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	,
	ASSISTANT	DISTRICT	ATTOFNEY
Date	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)
1/20/24	Contributor address, City,	State; Zıp Code	100.00
	P.O. BOX 1326, VON ALSTA	NE 1× 75495	
Principal occur	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	FERRED		
Date	Full name of contributor	D#)	Amount of contribution (\$)
1/26/24	DOVIP BEDBOOD Contributor address; City;	State; Zip Code	100.00
	619 N. TROVIS, SNOC	now, \$ 15090	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	
	DIRECTOR	WALDO FU	NEROL
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 7 of 15 3 Filer ID (Ethics Commission Filers) 2 FILER NAME BREH SMITH out-of-state PAC (ID#._____) 7 Amount of contribution (\$) Date 4 5 Full name of contributor 6 Contributor address; City; State; Zip Code 500.00 526 DELEON S1 DENBON 1X 75020 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 aut-of-state PAC (ID#______) Amount of contribution (\$) Full name of contributor Date JEH CHUSIE Contributor address; City; State; Zip Code 100.00 607 AMBASSADON ST, DENISUN AK TSOZO Principal occupation / Job title (See Instructions) out-of-state PAC (ID#_____) Full name of contributor Date Amount of contribution (\$) Lowfarce Dons Contributor address; City; State; Zip Code 500.00 375W.BELDEN ST, SNELMAN 75097 Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNER 64AVSEN PETRALSUM OWNER Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) STEVE JONES Contributor address; City; State; Zip Code 100.00 bol N. WOODS ST, SNERMAN TR BO92 Employer (See Instructions) Principal occupation / Job title (See Instructions) AV50N GIEL- ITH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

MONETA	RY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
If the request	ed information is not applicable, DO NOT inc	lude this page in the r	report.
The I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME	BREH SMITH		3 Filer ID (Etnics Commission Filers)
4 Date		10≑)	7 Amount of contribution (\$)
1/25/24	6 Contributor address; City; [0] DIAMOND PUINTE LOUP	7020	[00. œ
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	—	(ID#)	Amount of contribution (\$)
1/25/24	JELEMU Q ILISN WOOL Contributor address, City,) State, Zıp Code	200.00
Principal occup	P.U. BOX 12108, AUSTANT	8 18711 Employer (See Instruc	tions)
		GRAYSUN CO	
Date	Full name of contributor DUI-of-state PAC	(1D#)	
10904	Contributor address, City, P.U.BOX 2412 SHERMON		200.00
Principal occup	Pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Date PAC	(ID#)	Amount of contribution (\$)
105/24		State: Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	utions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, **DO NOT include this page in the report.** 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 9 OF 15 3 Filer ID (Ethics Commission Filers) 2 FILER NAME BOSH SMITH 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID# BIB AND BALBALA MONK Contributor address, City, S 100.00 6 Contributor address, State, Zip Code 919 BOONE DR, SNELMIN TR 75010 Job title (See Instructions) 9 Employer (See Instructions) Principal occupation / Job title (Se FERRES 🗍 out-of-state PAC (ID# Full name of contributor Date Amount of contribution (\$) Scon of Kim Mole nutor address, City; State, Zip Code 250.00 2031 PALL RAB, DAVISON TR 75020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID# ____ Date Amount of contribution (\$) BART & GNDY LAWNENCE ntributor address, City, State, Zip Code Contributor address. P.V. BOX 1882, POTTS BOLD 17 75076 Principal occupation / Job title (See Instructions) DWNE CAWLENCE (UNST PUCILON Full name of contributor out of state PAC (ID#_____) Date Amount of contribution (\$) MALK KUNEMAN Contributor address, City, State, Zip Code 2805 VENTLE CAL, DENISON 1/ 75020 Employer (See Instruction Principal occupation / Job title (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.

SCHEDULE A1

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

125/24	NSD NDVENJURGS Contributor address, City; DOO LOUJEL CREEK DR, SHU ion / Job title (See Instructions) Full name of contributor Image: Contributor address, VIABLING SMITH Contributor address, Contributor address, Contributor address, Contributor address, City; P. B. B. DX 354 ShFCM GM on / Job title (See Instructions)	9 Employer (See Instructi PAC (ID#) State, Zip Code	 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 200. W ions) Amount of contribution (\$) 250.00
Principal occupat	NSD ODVENTURES Contributor address, City; DOO LOURCE CREEK DR, SHO ion / Job title (See Instructions) Full name of contributor out-of-state VIRBINA SMITH Contributor address, City; P. B. B. DX 354 SHERAW on / Job title (See Instructions)	State; Zip Code ILMAN IK 75093 9 Employer (See Instruction PAC (ID#) State, Zip Code IK 75091	200. W ions) Amount of contribution (\$)
Principal occupat	Contributor address, City; DOD LOUJEL CREEK DR, SHU ion / Job title (See Instructions) Full name of contributor out-of-state VIRBINA SMITH Contributor address, City; P. 6 B DX 354 SHERAEM on / Job title (See Instructions)	PAC (10#) State, Zip Code	Amount of contribution (\$)
Principal occupat	JOO LOUJEL CREEK DR, SHI ion / Job title (See Instructions) Full name of contributor Out-of-state VIRBINA SMITH Contributor address, City; P. 6 B 0X 354 SHERMON on / Job title (See Instructions)	PAC (10#) State, Zip Code	Amount of contribution (\$)
	Ion / Job title (See Instructions) Full name of contributor Infinitian Smirk Contributor address, City; P. 6 B 0X 354 Showw on / Job title (See Instructions)	9 Employer (See Instructi PAC (ID#) State, Zip Code TK 75091	Amount of contribution (\$)
	Full name of contributor out-of-state VIFBINN SMITH Contributor address, City; P.B.B.DX 354 SHERMON on / Job title (See Instructions)	PAC (ID#) State, Z/p Code 17 75091	Amount of contribution (\$)
Date ØS (24	VIFBING SMITH Contributor address, City; P. 6 B DX 354 SHERAGN on / Job title (See Instructions)	State, Zip Code 17 75091	
ðslə4	Contributor address, City; P. 6 B 0X 354 SNFLM W on / Job title (See Instructions)	State, Zip Code 17 75091	250.00
05(24	Contributor address, City; P. 6 B 0X 354 SNFLM W on / Job title (See Instructions)	State, Zip Code 17 75091	250.00
	on / Job title (See Instructions)		
	^	Employer (See Instruct	
Principal occupati	1451/20		ions)
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
əs/24	Contributor address. City,	State; Zip Code	250.00
	3201 SONDSTUNE DR, SH	ERMAN TK 75092	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruct	tions)
	THOSE OFTIC	BROYSUN CO	U. V.N.
Date		PAC (ID#)	Amount of contribution (\$)
25/24	JASON BETHEL		150.00
10-1	Contributor address; City,	State; Zip Code	
Principal occupa	1407 AVENDALE (J, SN ion / Job title (See Instructions)	ERANJ IX 75092	tions)
	Borker	Employer (See Instruct	
	ATTACH ADDITIONAL COPI If contributor is out-of-state PAC, please see In		

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	BREH SMITH	3 Filer ID (Etnics Commission Filers)
4 Date 1 25 24 8 Principal occu	5 Full name of contributor	100.00
Date 1 05 04 Principal occur	Full name of contributor 0 out-of-state PAC (ID# KEVIN WILSON Contributor address, City; State; Zip Code 555 OLD HW4 6, HOWE 7X Dation / Job title (See Instructions) Employer (See Instructions) SUPERIMENDANT NOWE ISP	Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#	50.00
Date	Full name of contributor	
1/25/24	WILLIAM ET KELL SHELLE Contributor address; City, State, Zip Code 639 N. MCKOWN DVE, SNSAMAN, A 750	92 150.00
Principal occu	pation / Job title (See Instructions) Employer (See Instr	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule 61
2 FILER NAME	BREH SMITH		3 Filer ID (Etnics Commission Filers)
4 Date		C (ID#)	7 Amount of contribution (\$)
1/25/24	6 Contributor address; City;	State; Zip Code	200.00
	813 WELLAS, DONISON TX		
		9 Employer (See Instruct	ions)
LON	D Paraspar	SELF	
Date	Full name of contributor I out-of-state PAC	C (ID#) }	Amount of contribution (\$)
1/25/24	Contributor address, City;	State, Zip Code	200.00
	2235 TUPAE. CHEEL DI	SHERMAN JAR	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out of-state PAC (ID#)		Amount of contribution (\$)
1/25/24	Contributor address. City,	State; Zip Code	200.00
ι ·	2212 POST OOK DR. SHERMA	N 18 3082	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	•
	Prusewian	GRA450n	100 p.n.
Date	Full name of contributor 🗍 out of-state PAG	C (ID#)	Amount of contribution (\$)
1/25/24	Contributor address; City,	State; Zip Code	200.00
1 .	112 S. CLOCKETT, SNERMAN		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional r	reporting requirements.

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor □ out-of-state PAC (ID#) Poss PoutPaD 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
	911 QUARMA ONK DN. FAIRVEN, NY 75069	
Principal occup	Pation / Job title (See Instructions) 9 Employer (See Instruct Genture 9 Employer (See Instruct	ions)
Date	Full name of contributor [] out-of-state PAC (ID#)	Amount of contribution (\$)
105/04	Contributor address; City; State; Zip Code	50.00
	1022 ADDISON AVE, POMSBURD, TX 75076	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct Letter	lions)
Date	Full name of contributor [] out-of-state PAC (ID#)	Amount of contribution (\$)
1/25/24	Contributor address; City; State; Zip Code	150.00
	3124 LIKULA ED. SNELMON A 75090	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
1/25/24	NALF & CINDH LAST Contributor address; City; State; Zip Code	100.00
	445 RIDDELS RD, SHERMAN TH 75092	
Principal occup	COBBLEN BWNCN Employer (See Instructions) COBBLEN BWNCN FISK SNOE	tions)
YSBN CO EL	ECTIONS 0:43:10	
24天上后自用机	0.40 LLA	

SCHEDULE A1

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

		14 04 15
FILER NAME	BREET SMITH	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
11	SIDNEN PHILLIPS	24 -
1/25/24	6 Contributor address; City; State; Zip	
1 6	1230 W. CHESTNUT ST, DONISON TR	73020
Principal occi		(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
11	JOMES GARCIA	
1/25/24	Contributor address; City; State; Zip	Code /00.00
(('	1217 W. McBEE ST., SHERMAN R	75092
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
	SALE (M	CON ABRA
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
Inda	JUDITH MCBROW	250.00
105/24	Contributor address; City; State; Zip	Code
	9909 BASALT LN, DENTEN JX 7	6207
Principal occu		(See Instructions)
	FETIFED	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
. h. l. a	LEE OLMSTED	Code 250.00
196/24	Contributor address; City; State; Zip	Code
· · ·	5414 N. FM 1417, SNOLMAN TX	15092
		(See Instructions)
Principal occu	OWNER LMO	ENTERPRISES

Forms provided by Texas Ethics Commission

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BREHT SMITH	3 Filer ID (Ethics Commission Filers
4 Date 1/26/24	5 Full name of contributor BALM BOOTHE 6 Contributor address; City; State; Zip Code 1875 N. UNCOLN MAK FD, VON ALSMINE	5
8 Principal occu	Pation / Job title (See Instructions) 9 Employer (See LEAN ESPATE DVLP. BUILST	
Date 1/21/24	Full name of contributor HOWARD THORNTON Contributor address; City; State; Zip Code 7544 P.O. BOX 1429, VAN ALSANC TX	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor I out-of-state PAC (ID#: DAVID BOULESS Contributor address; City; State; Zip Code P.O. BOX 1229, DOUSVN # 7502	200.00
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date 2/2/24	Full name of contributor out-of-state PAC (ID#: LVKG MOTION Contributor address; City; State; Zip Code 111 S_TRAVIS / SHORM TK 50	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions) ATTO ANEM SCUA INNS	Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Biu Benfow Contributor s description 1/18/24 7 Contributor address; City; State; Zip Code 140 Principal occupation / Job title (POR NON-JUDICIAL) (See Instructions) 11 Frenchuer (FOR NON-JUDICIAL) (See Instructions) 11 Frenchuer (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) 13 Contributor's potential (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm of parent(s) (if any) (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) 15 Law firm of contributor \$\$ Spouse (if any) (FOR JUDICIAL) 16 If contributor address; City; State; Zip Code 19 State BLEH # DEBBIC GLAHAM Solo 0 Food DAHA 19 State Solo 00 Food DAHA Food DAHA 19 State Contributor \$\$ Spouse (if any) (FOR JUDICIAL) Solo 00 Food DAHA 10 State Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Principal occupation / Job title (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) <th></th> <th></th>		
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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 Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not iisted above)

The Instruction Guide explains how to complete this form.

Total pages Schedule F1:	2 FILER NAME BREEH SMITH		3 Filer ID (Ethic	s Commission Filers)
Date 1/1/24	5 Payee name FRSTSIBNS			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
135.02	1602 E. HOUSTON	SHERMON	1%	75090
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	10 DVECTISING	SIBNS		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/20/24	THE POLITICAL FIRM			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	5555 HILTON AVE, #203	BOTON	LOUBE LA	70808
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISINP	SCHIPT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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1/24/23	FAST SIBNS			
Amount (\$)	Payee address;	City;	State;	Zip Code
324.75	1602 E - HOUSTUN S	NERMON	-12	75090
	Category (See Categories listed at the top of this schedule)	Description		,
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	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
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Forms provided by Texas Ethics Commission

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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 Git/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 isted above)

The Instruction Guide explains how to complete this form.

Total pages Schedule F1	2 FILER NAME BREH SMITH	3 F	iler ID (Ethics Commission File
Date 29/24	5 Payee name JOEL DUKE		
Amount (\$)	7 Payee address;	City;	State; Zip Code
1,400.00	101 D. STREET, WHITES	BORD R	76273
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			/
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	(C) Check if travel outside of Texas. Complete Schedule T.		officeholder living expense
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Date / /	Payee name		
1/29/24	THE POLITICAL FIRM		
Amount (\$)	Payee address;	City;	State; Zip Code
540.00	5555 NILTON AVE # 203	, BATON ROUGE	C LA 78808
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	VOICE OVEL	Commercia	
	Check if travel outside of Texas. Complete Schedule T.		, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Delta	Payee name		
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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
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Consulting Exp	ense
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Candidate/Of	ficeholder/Political Committee
Credit Card Paym	ent

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Event Expense

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)

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Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission
Date 21124	5 Payee name AXIOM STRATEBIES	
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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	Category (See Categories listed at the top of this schedule)	Description
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

			EXPENDITURE CATE	GORIES FOR	BOX 8(a)		
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