CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

12

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR	FIRST	BREH	OFFICE USE ONLY	
NAME	NICKNAME	SMITH	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.D. BOY		ALSTUNE, TX 75495		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postm	narked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	Devie	Receipt # Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	B	YNUM			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S	ENISON TX 150	STATE; ZIP CODE	
terreter to be a second to be a seco		PHONE NUMBER			
8 CAMPAIGN TREASURER PHONE	AREA CODE (903) 2	27 - 4626	EXTENSION		
9 REPORT TYPE	January 15	30th day before el 8th day before el	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH -	FR)
			Reporting Limit		
OVERED	Month	Day Year	THROUGH	Day Year	
11 ELECTION	ELECTION DAY Month Day 3 /05 /	Year Primary	ELECTION TYPE	E	
12 OFFICE	OFFICE HELD (if any)	/	13 OFFICE SOUGHT (if know	m)	
		ICT ATTOLNEY	DISTRICT M		
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIO	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO S	DGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		NULL.
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		leafer Leafer Leafer
		GO TO	PAGE 2		UN CO
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

5 C/OH NAME	BREH	SMITH			ID (Ethics Con	
7 CONTRIBUTION TOTALS	PLEDO	UNITEMIZED POLITICAL GES, LOANS, OR GUARAN RIBUTIONS MADE ELECTR		N	\$ 0	
		POLITICAL CONTRIBU	JTIONS 8, OR GUARANTEES OF LOANS)	\$ 25,0	06.000
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL	EXPENDITURE.		\$ 0	
	4. TOTAL	POLITICAL EXPENDITI	URES		\$ 16,	508.69
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO PORTING PERIOD	ONS MAINTAINED AS OF THE LA	AST DAY	\$ 69,	149.39
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A DAY OF THE REPORTING I	ALL OUTSTANDING LOANS AS (PERIOD	OF THE	\$ 14,9	500.00
		der penalty of perjury, that d by me under Title 15, Elec	t the accompanying report is traction Code.	ue and co	rrect and inclu	des all information
			Signature of C	Candidate of	or Officeholde	er
		Please comple	ete either option belo	w:		
		Please comple	ete either option belo	w:		
		Please comple	ete either option belo	w:		
(1) Affidavit		Please comple	ete either option belo	w:		
(1) Affidavit		Please comple	ete either option belo	w:		
		Please comple	ete either option belo	w:		
NOTARY STAMP/SEA						
NOTARY STAMP/SEA			ete either option belo		_ day of	
NOTARY STAMP/SEA	before me by				_ day of	,
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	before me by	hand and seal of office.	this the			
	before me by	hand and seal of office. Printed name of office	this the er administering oath			administering oath
NOTARY STAMP / SEA Sworn to and subscribed 20, to certify Signature of officer administe	before me by which, witness my h ering oath	hand and seal of office. Printed name of office	this the			
NOTARY STAMP / SEA Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declarati	before me by which, witness my h ering oath	hand and seal of office. Printed name of office	this the er administering oath			
NOTARY STAMP / SEA Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declarati	before me by which, witness my h ering oath	hand and seal of office. Printed name of office	er administering oath	e		
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declarati	before me by which, witness my h ering oath ion BLEH 5	hand and seal of office. Printed name of office	er administering oath	e	Title of officer	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declarati My name is	before me by which, witness my h ering oath ion BLEH 5. 1.0. B	hand and seal of office. Printed name of office	er administering oath	e is0	Title of officer	administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declarati My name is	before me by which, witness my h ering oath ion BLEH 5. 1.0. B	hand and seal of office. Printed name of office WMN Box 1962	er administering oath OR , and my date of birth , <i>Now ALSAUNC</i> , , on the day of	e is (state)	Title of officer 06/15/65 75495, (zip code) , 2004 (year)	administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declarati My name is My address is	before me by which, witness my h ering oath ion BLEH 5. 1.0. B	hand and seal of office. Printed name of office WMN Box 1962	er administering oath OR, and my date of birth, <i>Vou ALSTUNC</i> ,(city)	e is (state)	Title of officer 06/15/65 75495, (zip code) , 2004 (year)	administering oath

SUBTOTALS - C/OH

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

	BREH SMI1K ULE SUBTOTALS DF SCHEDULE		SUBTOTAL
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24,810
. 7	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 190.20
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. 🔽	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 16,370.1
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 FUN	NDS	\$ 138.52
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
2.		IONS RETURNED	\$

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC MAHK RUSSELL	State; Zip Code	7 Amount of contribution (\$)
Principal occu		9 Employer (See Instruc	tions)
Date	GAIL UTTER	(ID#:) State; Zip Code 75017 CF., SHORNAU 1X	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions) FINANCIAL ADV/30PS	Employer (See Instruct	stions)
Date	AFT AFTAW	(ID#:) State; Zip Code SON, 1X 7502(Amount of contribution (\$)
Principal occu	Commissions	Employer (See Instruct GROYSON CO	
Date 7/20/23		(ID#:) State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

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SCHEDULE A1

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

3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$) 100.00
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ELECTRONICS
structions)
Amount of contribution (\$)
structions)
RENITORS
Amount of contribution (\$)
astructions)

Forms provided by Texas Ethics Commission

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SCHEDULE A1

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

The	Instruction Guide explains how to complete th	his form.	1 Total pages Schedule A1:
FILER NAME	BREAT SMITH		3 Filer ID (Ethics Commission Filers)
Date	JONATHAN HITCH COCK 6 Contributor address; City;	PAC (ID#:) State; Zip Code	30.00
Principal occu	2713 HVELELEST, SHELMAN	9 Employer (See Instruc	l ctions)
	RENTON	EASY LIFE RE	
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
3/4/23	ANDREW OLM STEAD Contributor address; City;	State; Zip Code	
	P.O. BOX 1298, SHERMAN	TK 75091	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	PRESIDENT	CHAPMAN IN	C.
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
8/4/23		State; Zip Code	50.00
	144 CH150 M., pation / Job title (See Instructions)	PontsBalle, 18 7507	5
Principal occu	0	Employer (See Instru	ctions)
	BROKER	NOMES BY LA	DINEY
Date		PAC (ID#:)	Amount of contribution (\$)
8/4/23	EDDIE YOUNG Contributor address; City;	State; Zip Code	256.00
	PO BOX 517, SHERMON	1 18 75091	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	
	DEVELOPER	YOUR EN	ERPRISES

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		40820
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)
14/20	BORT LOWRENCE	50.00
(())	6 Contributor address; City; State; Zip Code	
Principal occi	P.O.BOX 1897, POTTSBORG 15076 upation / Job title (See Instructions) 9 Employer (See Instruct	tions)
	REARED	
Date	Full name of contributor 🗍 out-of-state PAC (ID#:)	Amount of contribution (\$)
Lilon	Noncy ANDERSON	
4/05	Contributor address; City; State; Zip Code	50.00
	29 HACIENDA DE, POTISBOLO TA 75076	
rincipal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
4123	DENNY VARICH Contributor address; City; State; Zip Code	50.00
11-2	75495	
	430 SPHNBTOWN FD, VAN ALSTUNE TX Ipation / Job title (See Instructions) Employer (See Instructions)	tions
	PROJECT COLDINATOR PATRIOT CO	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11.	JONES VENTURA	Co 00
15/2-3	Contributor address; City; State; Zip Code	50.00
	213 ISLAND VIEW DR., POTTSBORD # 75076	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	
	MATKETING CELEBRATION	S.F. LIVINO

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11	MARK RUSSEL	25.00
89/23	6 Contributor address; City; State; Zip Code	05
	1641 OLD IDA LD, SHERMAN 17 75090 upation / Job title (See Instructions) 9 Employer (See Instruct	
Principal occu		ctions)
	RETIRED	
Date	Full name of contributor [] out-of-state PAC (ID#)	Amount of contribution (\$)
11.	KUST MOOSE	
8/9/23	Contributor address; City; State; Zip Code	1,000.00
/ (429211 M 681660 AV 75024	
Principal occu	Pation / Job title (See Instructions) Employer (See Instructions)	tions)
	REALED	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11	LOS HERMANOS PORMERSHIP	Anothe of contribution (\$)
1/11/03	Contributor address; City; State; Zip Code	1,000.00
	427 N. RUSK, SVITEB, SHELMAN JX 75090	
Principal occu	Ipation / Job title (See Instructions) Employer (See Instructions)	
	TOM SHIELDS REALESTATE	, T
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
3/10/23	MISTY I PVIN Contributor address; City; State; Zip Code	50.00
	310 W. US NW4 82, SHELMON TH 75092	
Principal occu	Ipation / Job title (See Instructions) Employer (See Instructions)	,
	LEBAL ASSISTANT CAL BAPKE	R

ii the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	BREH SMMH		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
\$10/23	6 Contributor address; City;		50.00
	P.O BOX 1144, UNN ALSTU	NC TX 75493	
Principal occu	pation / Job title (See Instructions) FENEFAL MANABUL	9 Employer (See Instruct AMELICON EH)	CIENCLY SOLVILINS
Date		C (ID#:)	Amount of contribution (\$)
10/23	WILLIAM RASOL Contributor address; City;	State; Zip Code 754 9 5	480.00
Principal occup	1800 LOVELS LEAS, UNN A Dation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	WONDA KAUFFMON	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	855 ALANN ROD DENISEN - pation / Job title (See Instructions) RETIRED	Employer (See Instruc	ctions)
Date 8/20/23	Full name of contributor GALLA HAWKINS Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	745 S. VALEANE, STRUMAN pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

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MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
If the reques	ted information is not applicable, DO NOT in	iclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
4 Date 8/20/23	6 Contributor address; City;	C (ID#:) State; Zip Code S111 NE # 75495	7 Amount of contribution (\$) 500.00
	pation / Job title (See Instructions)	9 Employer (See Instruct	
OWN	ir	KINFAL SOL	WTION S
Date	Full name of contributor	LC (ID#)	Amount of contribution (\$)
8/20/23	STEVE LODDY Contributor address; City;	State; Zip Code	100.00
Date 8/03/03	DON HODVER Contributor address; City; 1605 RECON GROVE F.D. EOST,	State; Zip Code	P.D. / KIBHLOND HUMES Amount of contribution (\$)
Principal occu	PROSELUTUR	Employer (See Instruct GRAY SON COU	
Date	Full name of contributor Out-of-state Pr KURI & LACEN MODEL		Amount of contribution (\$)
8/24/23	Contributor address; City; 4392 Upp DR, FMSCO,	State; Zip Code 18 75034	1,000. W
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Ins	truction guide for additional	(i)
Forms provided by	Texas Ethics Commission www.ethio	cs.state.tx.us	Revised 11/15/2022

truction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
BREH SMMN		3 Filer ID (Ethics Commission Filers)
Full name of contributor Out-of-state PAC (IC DON BUNZALE2		7 Amount of contribution (\$)
180 BN & BRINKLEH ST, SNELL ion / Job title (See Instructions) 9 SECURITY DIRECTOR	Employer (See Instruction	ons)
DON GALLEBO Contributor address; City;	State; Zip Code	Amount of contribution (\$) $\partial OO_{x} OO$
on / Job title (See Instructions)	Employer (See Instructi	
SHELM MCBHDE Contributor address; City;	State; Zip Code	Amount of contribution (\$)
ion / Job title (See Instructions)		ions)
ROSCOR & CAFOL WHITE Contributor address; City;	ID#:) State; Zip Code	Amount of contribution (\$)
ion / Job title (See Instructions)	Employer (See Instruct	ions)
	Doil BUNCALTZ- Contributor address; City; 180 B N · BPANFLEA SI, SNED ion / Job title (See Instructions) SEUALM DIRECTOR Full name of contributor Pull name of contributor Don Gontributor address; Contributor address; City; S31 W. MAIN SI, DONGUN IX on / Job title (See Instructions) ELIPED Full name of contributor Contributor address; City; S31 W. MAIN SI, DONGUN IX on / Job title (See Instructions) ELIPED Full name of contributor Contributor address; City; Dotted address; City;	Full name of contributor out-of-state PAC (ID#) Down Bunklate Contributor address; City; State; Zip Code 180 B N* BPANKLEM ST, SNELMAN, TA 75090 ion / Job title (See Instructions) 9 Employer (See Instructions) Secure M Diffection out-of-state PAC (ID#) Full name of contributor out-of-state PAC (ID#) Don GALLEBD Contributor address; City; State; Zip Code 3305 BELLE AVE, DEN/SUN IN 75030 On / Job title (See Instructions) Employer (See Instructions) EAK-MENDANT NADDECOM State; Zip Code SNELM MCBHDE Contributor out-of-state PAC (ID#) State; Zip Code SNELM MCBHDE Contributor out-of-state PAC (ID#) State; Zip Code SNELM MCBHDE Contributor address; City; State; Zip Code SI W. MNJ SJ_DDNSON TX TSU30 Employer (See Instructions) Employer (See Instructions) Restrict City; State; Zip Code SI W. MNJ SJ_DDNSON TX TSU30 Employer (See Instructions) Employer (See Instructions)

	ARY POLITICAL CONTRIBU		SCHEDULE A1 report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 06 20
FILER NAME	BLEH SMITH		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC	(ID#)	7 Amount of contribution (\$)
3/24/23	6 Contributor address; City;	State; Zip Code	350.00
	112 S. CROCKET, SKERMAN	1/ 75090	
Principal occu		9 Employer (See Instruct	ctions)
	ATTOFNEN	SELF	
Date		(ID#)	Amount of contribution (\$)
spelas	CONTRIBUTOR ADDRESS; City;	State; Zip Code	150.00
Principal occur	310 W. HUY 82 SNELMON	1X 75092 Employer (See Instruct	ctions)
	ATOPNEN	SELF	
8/04/23	WILLIAM MUNSIN Contributor address; City; BUI W. WOODARD ST, DENISON	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTURNEY	SELF	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
5/24/23	Contributor address; City;	State; Zip Code	1,000.00
Principal occu	DV N. JPAVIS, # 205, 5NTLA pation / Job title (See Instructions)	MAN JTX 13090 Employer (See Instruct	tions
i intolpar occa	ATTILNEM	Self	
	NTILLNEM	Llp	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		18
orms provided by	Texas Ethics Commission www.ethics	.state.tx.us	Revised 11/15/2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#	100.00
REFIRED	
Date Full name of contributor I out-of-state PAC (ID# b4/b3 PHY LLIS JAMES Contributor address; City; State;	100.00
Principal occupation / Job title (See Instructions)	8 (structions)
COUNTY COMMISSIONEN 544450N	
Date Full name of contributor out-of-state PAC (ID# J4/33 Jaily BulloRD Contributor address; City; State; J036 W. Dail, DENISIN	100.00
Principal occupation / Job title (See Instructions) Employer (See In	istructions)
Date Full name of contributor out-of-state PAC (ID#: AIKE & DENNO DITTO Contributor address; City; State; Zip Code 3306 FEX GWISE DF, SAGLOWN MX750) Amount of contribution (\$) / 00.00
Principal occupation / Job title (See Instructions) Employer (See In	
INVESTIBATUR GRAUSUN CO	». D.A.

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
Principal occu	ATTORNEY 9 Employer (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/24/23	Full name of contributor out-of-state PAC (ID#) MIGING SPEINBER Contributor address: City: State: Zip Code S249 W. GM 120, DANISON, 11, 73020	Amount of contribution (\$) 100.00
Principal occu	PARMER (See Instructions) Employer (See Instructions) SELF	tions)
Date 8/04/03	Full name of contributor Out-of-state PAC (ID#) BOB & BAFBARA MONK Contributor address; City; State; Zip Code 919 BOONE DR, SHERMAN TH 75090	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 8 /24/23	Full name of contributor	Amount of contribution (\$)
Principal occu	4011 5, STATE NWY 91, DENISON 1K 73020 Ipation / Job title (See Instructions) Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
24/23	6 Contributor address: City: State: Zip Code 2917 WOLF FRONT RD ALSTANE 75495	250· #
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 0 Employer (See Instructions) 9 Employer (See Instructions)	ENCU SOLVALONJ
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
24/23	Europe CLOUTON Contributor address; City; State; Zip Code	050.0V
	2403 N. CARROLLAVE, SOUTHLAKE TATEO93	-
incipal occup	ation / Job title (See Instructions) Employed (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
24/23	THOMAS AILSHIRE Contributor address; City; State; Zip Code	250.00
Principal occup	HO9 TURILE CREEK OF, SHOLMU TX 73092 Dation / Job title (See Instructions) Employer (See Instru-	
	AUTO SALES	
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
laulos	Contributor address; City; State; Zip Code	250. a
Principal occur	ANGENDA AL POTTS BURD AX 75076 Dation / Job title (See Instructions) Employer (See Instru	ctions)

If the request	ted information is not applicable, DO NOT inc	clude this page in the	report.
The I	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
Date		(ID#:)	7 Amount of contribution (\$)
8/24/23	6 Contributor address; City;	300.00	
Driveiert	18 LINKS ESTIME, DENISON pation / Job title (See Instructions)	1X 75020 9 Employer (See Instruct	41X
Principal occup	OWNER-	QVICKVERSE	tions)
Date	Full name of contributor		
	MELVIN FIFE		Amount of contribution (\$)
124/03	Contributor address; City;	State; Zip Code	500.00
	700 W. WASHINGTON SIFERMA		
Principal occup	Peological Actions (See Instructions)	Employer (See Instruct BUTCH GIFE	,
			PEDGO
8/24/23	BART LAWRENCE	; (ID#) State; Zip Code	Amount of contribution (\$)
	P.O. BOX 1882, POTSBULO 1		
Principal occup	- B.L. CONSTRUCTION	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8/24/23	BIL DUBLOS Contributor address; City;	State; Zip Code	1,000-00
	2301 SON MIBUELS SHERMA	ON TX 75092	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	,
	OWNER	POVELAS DK	THBVIWE

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. 14 0620 3 Filer ID (Ethics Commission Filers) 2 FILER NAME BREH SMITH out-of-state PAC (ID#_____) 7 Amount of contribution (\$) 4 Date 5 Full name of contributor 5 Contributor address; City; State; Zip Code 1,000.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 HOLLEY JOLLY HOMES OWNER Full name of contributor _____ out-of-state_PAC (ID#._____ Date Amount of contribution (\$) JEFFFDA BLOWN Contributor address; City; State; Zip Code 1,000.00 ation / Job title (See Instructions) Principal occupation / Job title SPANICUS, BUSINESS OWNER SELF _____) Date Full name of contributor out-of-state PAC (ID#.__ Amount of contribution (\$) WILLIAM & KEWN KEWNEDY Contributor address; City; State; Zip Code 1,500.00 State; Zip Code I 21 S. AUSTIN AVE, Image: Contributor augusta I 21 S. AUSTIN AVE, Image: Contributor augusta I 20 S. AUSTIN AUGUSTA Image: Contributor augusta Principal occupation / Job title (See I OWNER /LOWYER WILLION'S WAREHOUSE SELF Full name of contributor Date out-of-state PAC (ID#:_____) Amount of contribution (\$) Contributor address; City; State; Zip Code 1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) GRAYSON CO. D.A. ROSECUTOR ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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6 Contributor address; City; State; Zip Code 282 SUN DONGE DR, VON PLSTUNE, TK 75495	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 300-00
Date 5 Full name of contributor Out-of-state PAC (ID#) Image: Contributor address; City; State; Image: Contributor address; Image: City;	
Principal accupation / Job title (See Instructions)	5
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#) 1//23 FRANK & JONET VESTVAD Contributor address: City: State: Zip Code 1//2016 2//20	Amount of contribution (\$) $\partial 00.00$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor aut-of-state PAC (ID#) 16/03 MICHAE DUNN Contributor address; City; State; Zip Code 2921 REDBVD TROLLy SNEEmand R 75092	Amount of contribution (\$) 200.0°
Principal occupation / Job title (See Instructions) Employer (See Instruct	VE FEALTY.
Date Full name of contributor out-of-state PAC (ID#) 7/6/23 JACHE ROBINSUN Contributor address; City: State; Zip Code 3401 LUNCH J.P., BELLEVILLE, IL 62220	Amount of contribution (\$) 1,000-00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	stions)

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If the reques	ted information is not applicable, DO NOT i	nclude this page in t	he report.
The	Instruction Guide explains how to complete th	is 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 P LANFA & LANFA COOPEN 6 Contributor address; City; 1524 HANOVAN, VAN A	State; Zip Code	_) 7 Amount of contribution (\$) 100.00
	Dation / Job title (See Instructions)	9 Employer (See Ins	tructions)
Date 11/23	Full name of contributor out-of-state P Ross & SNALON ROL Contributor address; City; 911 Q VALLY OAKS DR R	JRAD State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)
Date 9 8 83	Full name of contributor USA WUSON Contributor address; City; 736 WESTWOOD - SHA	State; Zip Code	Amount of contribution (\$) 1,000 . 00
Principal occup	EXECUTIVE	Employer (See Ins Hant Hospi	tructions)
Date	Full name of contributor aut-of-state of Contributor address; City; 13267 W.FM 438, CEUN	State; Zip Code	$ \begin{array}{c} \begin{array}{c} \\ \\ \end{array} \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \\ \end{array} \\ $
	EAL ESTRIC BLOKEA	Employer (See Ins	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE	AS NEEDED anal reporting requirements.

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FILER NAME BLEH SMMN Date 5 Full name of contributor out-of-state PAC (ID#) 1/33/03 6 Contributor address; City; State; Zip Code 1/33/03 6 Contributor address; City; State; Zip Code 1/33/03 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Date Full name of contributor out-of-state PAC (ID#) Date Full name of contributor out-of-state PAC (ID#) Date Full name of contributor Employer (See Instructions) OWNEL OWNEL Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Date Full name of contributor out-of-state PAC (ID#) Date Full name of contributor out-of-state PAC (ID#) Date Full name of contributor contributor address; City; State; Zip Code Date Full name of contributor <th>Amount of contribution (\$) $3,000 \cdot 0^{\nu}$</th>	Amount of contribution (\$) $3,000 \cdot 0^{\nu}$
Date 5 Full name of contributor □ out-of-state PAC (ID#) 1/33/03 6 Contributor address; City; State; Zip Code 1/33/03 6 Contributor address; City; State; Zip Code 1/33/03 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Date Full name of contributor □ out-of-state PAC (ID#)	500.00 ions) $\frac{2}{3},000.00$ ions)
OWNER BERNAL-Lothe Date Full name of contributor out-of-state PAC (ID#) Date JASIN POWEW Date JASIN POWEW 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#) Date Full name of contributor Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Date	Amount of contribution (\$) $\partial_{2}000 \cdot 0^{\nu}$
Date Full name of contributor out-of-state PAC (ID#) Date Date Date P.O. BIX 746, WINTEWART 75491 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Date Full name of contributor city; State; Zip Code Date Full name of contributor city; State; Zip Code Date Full name of contributor employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) $\partial_{\mu}000 \cdot 0^{\nu}$
Principal occupation / Job title (See Instructions) Employer (See Instructions) OWNEH OUNER PCI. Constructions Date Full name of contributor out-of-state PAC (ID4) Jab Jab Som Boulus City; State; Zip Code Description / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor contributor address; City; State; Dat	
Image: Som Boulle Som Boulle Contributor address; City; State; Zip Code Image: Date Image: Date Full name of contributor Image: Date Image: D	
Principal occupation / Job title (See Instructions) Employer (See Instructions) POLICE dfl(Sp. CH4 of SNA Date Full name of contributor out-of-state PAC (ID#:) PAUL BAILE4 Contributor address; City; State; Zip Code 3124 LVELLA LO, SNELMAN AT 75040 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
10/3/03 PAUL BAILEY Contributor address; City; State; Zip Code 3/04 LUCULA KO, SHELMAN M 75090 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$) $\partial 00 \cdot 0^{\circ}$
	tions)

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If the request	ted information is not applicable, DO NOT i	include this page in the	report.
The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
FILER NAME	BREH SMITH		3 Filer ID (Ethics Commission Filers)
	 Full name of contributor address; Full name of contributor address; City; 	PAC (ID#:)	7 Amount of contribution (\$)
10 [03	6 Contributor address; City; 639 N. McKown AVF, SI pation / Job title (See Instructions)		200.00
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct 10 SINTE BO	
Date	Full name of contributor aut-of-state F	PAC (ID#)	Amount of contribution (\$)
แโเโฮร	Contributor address; City;	State; Zip Code	2,000.00
Principal occup	P.O BOX 305, BELLS	Employer (See Instruct	tions)
	OWNO	NSDODSON LONG	SCAPE
Date U 6 33	BU BENTON Contributor address; City;	PAC (ID#) State; Zip Code	Amount of contribution (\$)
Principal occur	Pation / Job title (See Instructions)	Employer (See Instruc	tions)
	OWNER		PELK BROWN
Date	Full name of contributorout-of-state	PAC (ID#:)	Amount of contribution (\$)
11/17/23	Contributor address; City;	State; Zip Code	300. a
	2412 TURALE CREEK,	SNELMAN J K 7597 Employer (See Instruct	tions)
Principal occu	pation / Job title (See Instructions)	Employer (See instruc	

The	Instruction Guide explains how to complete this	s 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 PA	C (ID#:)	7 Amount of contribution (\$)	
11/14/23		State; Zip Code	80.00	
Principal occu	Box 2929, Sterry	9 Employer (See Instru		
	BILLING	SEIBMAN L	-0W	
Date	Full name of contributorout-of-state PA		Amount of contribution (\$)	
1 30/23	Contributor address; City;	State; Zip Code	1,000.00	
	1308 MUNCH RD, GUNTER			
Principal occup	bation / Job title (See Instructions)	Employer (See Instru	ictions)	
Date	Full name of contributor Out-of-state PA	AC (ID4	Amount of contribution (\$)	
alilla	CUNT CRAFT		1	
017103	Contributor address; City;	State; Zip Code	1,000.00	
	2711 FIELD STREET, CEY	NA, 18 75009		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)	
	SELF	SELF	T	
Date	Full name of contributor Out-of-state PA	AC (ID#:) Amount of contribution (\$)	
12/22	DEAN GILBERT		100.00	
0/0/05	Contributor address; City;	State; Zip Code		
	pation / Job title (See Instructions)	ERMAN AX 75090)	
Bringing occu	pation / Job title (See Instructions)			
Principal Occu		DEAN FILLEN	J REALTORS	

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 fe	orm.	Total pages Schedule A1:
FILER NAME		3	3 Filer ID (Ethics Commission Filers)
Date 12/19/20	 5 Full name of contributor out-of-state PAC (II BREH GLAHAM. 6 Contributor address; City; 608/ W. GLAWFULD, DENISCIENTS 	State; Zip Code	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9	Employer (See Instruction	ns)
	OWNER	GRANIOM INTOLA	VATUNAL
Date 16/24	JOE WILLIAMS	State; Zip Code	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	RESTROUTEN	SELF	
Date		(ID#) State; Zip Code	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instructio	ins)
Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructio	ins)
	ATTACH ADDITIONAL COPIES O		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 If the requested information is not applicable, DO NOT include this page in the report.

The I	Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:	
2 FILER NAME	BLEH SMITH		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$		
8/23/03 7	Full name of contributor □ out-of-state PAC (ID#:	Zip Code 73020 11 Employe		9 In-kind contribution description BEXEASES FOL HUNPPAL ide of Texas. Complete Sche AL)(See Instructions)	SER
			4		
12 Contributor's pri	incipal occupation (FOR JUDICIAL)	13 Contribu	utors job title (FOR JU	JDICIAL) (See Instructio	ins)
14 Contributor's en	nployer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDIC	IAL)
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#:	Zip Code	Amount of Contribution \$	In-kind contribution description	
Principal occupa	ation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's pr	rincipal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructio	ons)
Contributor's er	mployer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDIC	CIAL)
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
					DELECTIONS
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see Instructi			g requirements.	TON CO E
		-		D 1 1 1 4 4	145003

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 c	emprote mile formi	
Total pages Schedule F	1: 2 FILER NAME BREAT SMITH	3 F	iler ID (Ethics Commission Filers)
Date 8 21 23	5 Payee name BILLOW MORKEANG	2	
47-11	307 W. FM 120, PortsB	City:	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.		officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
B 35 33	Payee name FERST ON THIS		
Amount (\$)	Payee address;	City;	State; Zip Code
887.20	1403 W- HOUSION SHER	al IK 7	5092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	PooD a D	RINK
	Check if travel outside of Texas. Complete Schedule T.		officeholder living expense
		Office sought	Office held
	Candidate / Officeholder name OH	onico obugiti	
Complete <u>ONLY</u> if direct expenditure to benefit C/ Date 9/4/23			
Date 9/4/23 Amount (\$)	Payee name BILLOW MARKEANE Payee address;		State; Zip Code
Date 9/4/23	Payee name BILLOW MARKEANT	8	State; Zip Code 75096
Amount (\$)	Payee name BILLOW MARKEMAR Payee address; 307 W. FM 120 M	P City: TBBORD T	\$ 75096
Amount (\$) PURPOSE OF	Payee name BILLOW MARKEANT Payee address; 307 W. M. Do Category (See Categories listed at the top of this schedule)	City: TBBORD TA Description DAMIN NOME	\$ 75096
expenditure to benefit C/ Date 9/4/33 Amount (\$) 59.15 PURPOSE OF	Payee name BILLOW MARKEANT Payee address; 307 W. M. 120 Category (See Categories listed at the top of this schedule) DVCAISUB Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City: TBBORD TA Description DAMIN NOME	4 75096 s

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a	EXPENDIT	JRE CAT	EGORIES	FORB	OX 8((a)
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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 Salarles/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.

Total pages Schedule F1:	2 FILER NAME BAEH SMITH		3 Filer ID (Ethics Commission Filers)
Date 10/2/23	5 Payee name VONTABE FOT		
Amount (\$)	7 Payee address;	City;	State; Zip Code
2,500.00	P.U. BOX 340836	AUSAN	R 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	
OF EXPENDITURE	CONSVITING	RESTOREN	
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/19/23	FAST SIGNS		
Amount (\$)	Payee address;	City;	State; Zip Code
797.15	1920 N. BROND AVE.	SHERMON	1X 75090
	Category (See Categories listed at the top of this schedule)) Description	
PURPOSE OF EXPENDITURE	POVERTISING	SIGNS	
	Check if travel outside of Texas. Complete Schedule T		tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date / /	Payee name		
10/24/23	BILLOW MARKE	TINB	
Amount (\$)	Payee address;	City;	State; Zip Code
48.43	307 W. FM 120	, POTTSBOR	0 18 75076
	Category (See Categories listed at the top of this schedule)) Description	
PURPOSE OF EXPENDITURE	ADVER21/SINO	E-MOIL	
	Check if travel outside of Texas. Complete Schedule T		atin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)	EXPENDITU	RE CATEGOR	IES FOR	BOX 8(a)
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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.

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
1115/03	VANTABE ROI		
Amount (\$)	7 Payee address;	City;	State; Zip Code
2,500.00	P.O. BOX 340836	AUSTW	1 18734
	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	CONSULAINB	FESEPL	en
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 11/16/23	Payee name PARKEN STELLE		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	27 COKEN ROAD,	SHERMAN	1/ 75090
	Category (See Categories listed at the top of this schedule)) Description	
PURPOSE OF EXPENDITURE	LABOR	SIBNS	
	Check if travel outside of Texas. Complete Schedule 1	T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/30/23	VANTAGE ROI		
Amount (\$)	Payee address;	City;	State; Zip Code
F286.02	P.U BOX 340836	AUSAN	1% 78734
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	CONSULATING	RESCARCH	
	Check if travel outside of Texas. Complete Schedule		tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

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)

and and a syntax	The Instruction Guide explains how to o	complete this form.	
Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
Date 4/11/23	5 Payee name GRAYSIN COUNTY GOP		
Amount (\$)	7 Payee address;	City; Sta	ate; Zip Code
1,250.00	P.O. Box 3122	SHERMAN TX	75090
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEE	HLANO	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/13/23	REMINOTON RESERVE	1	
Amount (\$)	Payee address;		ate; Zip Code
7,500.00	800 W. 47 th ST, #0	WO, KANSAS CITY,	MU 6412
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	RESEARCH	POLLENO	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/2/24	PAST SIBNS		
Amount (\$)	Payee address;	City; St	ate; Zip Code
397.49	1920 N. BRAND AVES	SHERMAN K	75090
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DOVERASUB	SIGN3	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	lder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic: Zredit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor tins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NA	MERCH SM. OI		3 Filer ID (Ethics Commission Filers)
Date 11/03	5 Payee nar	LE PEPOF		
Amount (\$) 52.70 Reimbursement from political contributions intended	7 Payee add		2ip Code	_
	(a) Category	(See Categories listed at the top of this	schedule) (b) Description	de of Texas. Complete Schedule T. IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name	Office sought	Office held
Date 18 03	Payee nar	ne LOCIUN SUPPL	4	
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