# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

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

NICKNAME | LAST: SMITH | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

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

P.O. BOX 1962, VAN ALSTYNE, TX 75495

**5 CANDIDATE/ OFFICEHOLDER PHONE**

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

**6 CAMPAIGN TREASURER NAME**

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

NICKNAME | LAST: BUNUM | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

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

813 WELL RD., DENISON TX 75020

**8 CAMPAIGN TREASURER PHONE**

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

**9 REPORT TYPE**

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

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

**11 ELECTION**

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

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

**12 OFFICE**

OFFICE HELD (if any): DISTRICT ATTORNEY

**13** OFFICE SOUGHT (if known): DISTRICT ATTORNEY

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

☐ 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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | |
|---|---|---|
| **15** C/OH NAME | BRETT SMITH | **16** Filer ID (Ethics Commission Filers) |

| | | | |
|---|---|---|---|
| **17** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 25,000.20 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 16,508.69 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 69,149.39 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 14,500.00 |

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

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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

**OR**

**(2) Unsworn Declaration**

My name is BRETT SMITH, and my date of birth is 06/15/65.

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

Executed in GRAYSON County, State of TEXAS, on the 15 day of JANUARY (month), 20 24 (year).

Signature of Candidate/Officeholder (Declarant)

GRAYSON CO ELECTIONS 2024 JAN 15 PM1:08:37

# SUBTOTALS - C/OH

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

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

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | ☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 24,810 |
| 2. | ☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 190.20 |
| 3. | ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ SCHEDULE E: LOANS | $ |
| 5. | ☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 16,370.17 |
| 6. | ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ 138.52 |
| 10. | ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 1 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 7/18/23 | MARK RUSSELL<br>1641 OLD IDA RD. SHERMAN TX 75090 | 50.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 7/19/23 | GAIL UTTER<br>2610 SHENANDOAH CR., SHERMAN TX 75092 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| FINANCIAL ADVISORS | WELLS FARGO |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 7/19/23 | ART ARAUJO<br>3398 DESVOIGNES RD, DENISON, TX 75021 | 50.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 7/20/23 | TERISA WILSON<br>4011 S. SH 91, DENISON TX 75020 | 50.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

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

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

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

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

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

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1: 30 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 1/26/23 | JONATHAN HITCHCOCK<br>2713 RIVERCREST, SHERMAN TX 75092 | 50.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/4/23 | ANDREW OLMSTEAD<br>P.O. BOX 1298, SHERMAN TX 75091 | 250.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/4/23 | LANEY RAMSEY<br>141 CHISOLM TR., POLTSBORO, TX 75076 | 50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| BROKER | HOMES BY LANEY |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/4/23 | EDDIE YOUNG<br>PO BOX 517, SHERMAN TX 75091 | 250.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 4 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

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

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

9 Employer (See Instructions):

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

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

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

Principal occupation / Job title (See Instructions): PROJECT COORDINATOR

Employer (See Instructions): PATRIOT CONSTRUCTION

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

Principal occupation / Job title (See Instructions): MARKETING

Employer (See Instructions): CELEBRATION SR. LIVING

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1: 5 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/9/23 | MARK RUSSELL<br>1641 OLD IDA RD, SHERMAN TX 75090 | 25.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/9/23 | KURT MOORE<br>4392 LIAM DR. FRISCO, TX 75034 | 1,000.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/11/23 | LOS HERMANOS PARTNERSHIP<br>427 N. RUSK, SUITE B, SHERMAN, TX 75090 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| TOM SHIELDS | REAL ESTATE |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/10/23 | MISTY IRVIN<br>310 W. US HWY 82, SHERMAN TX 75092 | 50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| LEGAL ASSISTANT | CAL BARKER |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1: 6 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 8/10/23 | MIKE FOLEY<br>6 Contributor address; City; State; Zip Code<br>P.O BOX 1144, VAN ALSTYNE TX 75495 | 50.00 |

8 Principal occupation / Job title (See Instructions): GENERAL MANAGER

9 Employer (See Instructions): AMERICAN EFFICIENCY SOLUTIONS

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 8/10/23 | WILLIAM RASOR<br>Contributor address; City; State; Zip Code<br>1800 LOVERS LEAP, VAN ALSTYNE, TX 75495 | 480.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 8/18/23 | WANDA KAUFFMAN<br>Contributor address; City; State; Zip Code<br>855 ARTHUR RD, DENISON TX 75021 | 500.00 |

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 8/20/23 | GAYLA HAWKINS<br>Contributor address; City; State; Zip Code<br>745 S. VALENTINE, SHERMAN TX 75090 | 25.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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1 Total pages Schedule A1: 7 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/20/23 | DONNA KERN<br>1585 JAMESON RD; VAN ALSTYNE TX 75495 | 500.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| OWNER | KINETIC SOLUTIONS |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/20/23 | STEVE RODDY<br>535 DERBY, VAN ALSTYNE TX 75495 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| RETIRED / CUSTOMER CARE | MCKINNEY P.D. / HIGHLAND HOMES |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/23/23 | DON HOOVER<br>1605 PECAN GROVE RD. EAST, SHERMAN, TX 75090 | 400.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| PROSECUTOR | GRAYSON COUNTY |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | KURT & LACEY MOORE<br>4392 LIAM DR, FRISCO, TX 75034 | 1,000.00 |

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1: 8 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 8/24/23 | DON GONZALEZ<br>6 Contributor address; City; State; Zip Code<br>1806 N. BRANKLEN ST, SHERMAN, TX 75092 | 100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| CYBERSECURITY DIRECTOR | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | DON GALLEGO<br>Contributor address; City; State; Zip Code<br>3305 BELLE AVE, DENISON, TX 75020 | 200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| CLERK - ATTENDANT | ALBERTSON GAS STATION |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | SHELLA MCBRIDE<br>Contributor address; City; State; Zip Code<br>531 W. MAIN ST, DENISON TX 75020 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | ROSCOE & CAROL WHITE<br>Contributor address; City; State; Zip Code<br>POTTSBORO, TX 75076 | 250.00 |

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1: 9 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/24/23 | RON HUFF<br>112 S. CROCKETT, SHERMAN TX 75090 | 350.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | CALVIN BARKER<br>310 W. HWY 82, SHERMAN TX 75092 | 150.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | WILLIAM MUNSON<br>301 W. WOODARD ST, DENISON 75021 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | JOE BROWN<br>100 N. TRAVIS, #205, SHERMAN TX 75090 | 1,000.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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1 Total pages Schedule A1: 10 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#._____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/24/23 | CHARLES MOONEY<br>273 OAKMONT CT, SHERMAN TX 75092 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#._____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | PHYLLIS JAMES<br>777 WALLACE RD, GUNTER TX 75058 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#._____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | JOHN BULLARD<br>2036 W. DAY, DENISON TX 75020 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#._____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | MIKE & DENNA DITTO<br>2306 REX CRUISE DR, SHERMAN TX 75092 | 100.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**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: 11 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/24/23 | JOHN MUNSON<br>P.O. BOX 357, DENISON TX 75021 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | MICHAEL SPRINGER<br>5249 W. FM 120, DENISON, TX 75020 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | BOB & BARBARA MONK<br>919 BOONE DR, SHERMAN TX 75090 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | THOMAS NICHOLSON<br>4011 S. STATE HWY 91, DENISON TX 75020 | [redacted]<br>200.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 12 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/24/23 | MIKE & TALANA FOLEM<br>2917 WOLF FRONT RD, VAN ALSTYNE TX 75495 | 250.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| ~~[illegible]~~ G.M. | AMERICAN EFFICIENCY SOLUTIONS |

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | ELIZABETH CLAYTON<br>2403 N. CARROLL AVE., SOUTHLAKE TX 76092 | 250.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| EDUCATOR | SISD |

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | THOMAS AILSHIRE<br>2409 TURTLE CREEK DR, SHERMAN TX 75092 | 250.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| AUTO SALES | |

| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | NANCY ANDERSON<br>29 HACIENDA DR, POTTSBORO TX 75076 | 250.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13 06 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/24/23 | AZIZ HASSAN<br>18 LINKS ESTATE, DENISON TX 75020 | 300.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| OWNER | QUICKVERSE |

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | MELVIN FIFE<br>700 W. WASHINGTON SHERMAN TX 75092 | 500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| REALTOR | BUTCH FIFE REALTY |

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | BART LAWRENCE<br>P.O. BOX 1882, POTTSBORO TX 75076 | 500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| OWNER - B.L. CONSTRUCTION | |

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | BILL DOUGLAS<br>2301 SAN MIGUEL, SHERMAN TX 75092 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| OWNER | DOUGLAS DISTRIBUTING |

**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: 14 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 8/24/23 | JOSHUA HOLLEY<br>P.O BOX 113 DENISON TX 75021 | 1,000.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| OWNER | HOLLEY JOLLY HOMES |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | JEFFREY BROWN<br>227 W. LAMAR ST, SHERMAN TX 75090 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| SPANKY'S, - BUSINESS OWNER | SELF |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | WILLIAM & KELLY KENNEDY<br>121 S. AUSTIN AVE, DENISON TX 75020 | 1,500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| OWNER / LAWYER | WILLIAM'S WAREHOUSE / SELF |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 8/24/23 | KERYE ASHMORE<br>2114 JASON CIRCLE, SHERMAN TX 75092 | 1,500.00 |

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

**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: 15 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 8/28/23 | CLIFF MONTGOMERY | 300.00 |
| | 6 Contributor address; City; State; Zip Code: 282 SUN DANCE DR, VAN ALSTYNE, TX 75495 | |
| 8 Principal occupation / Job title (See Instructions): | 9 Employer (See Instructions): | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 9/1/23 | FRANK & JANET VENTURA | 200.00 |
| | Contributor address; City; State; Zip Code: 213 ISLAND VIEW DR, PILOT POINT, TX 75076 | |
| Principal occupation / Job title (See Instructions): RETIRED | Employer (See Instructions): | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 9/6/23 | MICHAEL DUNN | 200.00 |
| | Contributor address; City; State; Zip Code: 2921 REDBUD TRAIL, SHERMAN TX 75092 | |
| Principal occupation / Job title (See Instructions): REALTOR | Employer (See Instructions): CORNERSTONE REALTY. | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 9/6/23 | JACKIE ROBINSON | 1,000.00 |
| | Contributor address; City; State; Zip Code: 3401 LANCH RD, BELLEVILLE, IL 62220 | |
| Principal occupation / Job title (See Instructions): RETIRED | Employer (See Instructions): | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 16 OF 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 9/7/23 | LAURA & LARRY COOPER<br>1524 HANOVER LN, VAN ALSTYNE TX 75495 | 100.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 9/7/23 | ROSS & SHARON ROLIRAD<br>911 QUARRY OAKS DR FAIRVIEW, TX 75070 | 50.00 |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 9/8/23 | LISA WILSON<br>736 WESTWOOD - SHERMAN TX 75092 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| EXECUTIVE | HOME HOSPICE |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 9/20/23 | REX GLENDENNING<br>13267 W. FM 428, CELINA TX 75009 | 2,500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| REAL ESTATE BROKER | REX REAL ESTATE |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17 of 20

2 FILER NAME: BLEH SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 9/23/23 | BILL BENTON<br>P.O BOX 908, VAN ALSTYNE TX 75495 | 500.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| OWNER | BENTON - LUTHER |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 9/28/23 | JASON POWELL<br>P.O. BOX 748, WHITEWRIGHT 75491 | 2,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| OWNER | PCI CONSTRUCTION |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 9/28/23 | SAM BOYLE<br>2600 W. TRAVIS, SHERMAN TX 75092 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| POLICE OFFICER | CITY OF SHERMAN |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 10/3/23 | PAUL BAILEY<br>3124 LUELLA RD, SHERMAN, TX 75090 | 200.00 |

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 18 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 10/3/23 | WILLIE & KERI STEELE<br>639 N. McKOWN AVE, SHERMAN TX 75090 | 200.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| BANKER | 1st STATE BANK |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 11/1/23 | AVERA DODSON<br>P.O BOX 305, BELLS, TX 75414 | 2,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| OWNER | ASDODSON LANDSCAPE |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 11/6/23 | BILL BENTON<br>P.O. BOX 908, VAN ALSTYNE TX 75495 | 500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| OWNER | BENTON, LUTTRELL, BROWN |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 11/17/23 | JO ANN OSBORN<br>2412 TURTLE CREEK, SHERMAN, TX 75092 | 300.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19 of 20

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 11/14/23 | TRUDY MAXWELL<br>BOX 2929, SHERMAN TX 75091 | 80.00 |

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

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

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

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

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 20 of 20

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

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

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 1/6/24 | JOE WILLIAMS<br>2418 W. MORTON ST. DENISON TX 75020 | 100.00 |

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

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

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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

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

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 8/23/23 | JOSHUA HOLLEN<br>7 Contributor address; City; State; Zip Code<br>DENISON TX 75020 | 190.20<br>☐ Check if travel outside of Texas. Complete Schedule T. | BEVERAGES FOR FUNDRAISER |

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule F1: 1 OF 4

2 FILER NAME: BRETT SMITH

3 Filer ID (Ethics Commission Filers):

4 Date: 8/21/23

5 Payee name: BILLOW MARKETING

6 Amount ($): 42.11

7 Payee address; City; State; Zip Code: 307 W. FM 120, POTTSBORO, TX 75076

8 PURPOSE OF EXPENDITURE

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

(b) Description: EMAILS

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

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

---

Date: 8/25/23

Payee name: FEAST ON THIS

Amount ($): 887.22

Payee address; City; State; Zip Code: 1403 W. HOUSTON SHERMAN TX 75092

PURPOSE OF EXPENDITURE

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

Description: FOOD & DRINK

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

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

---

Date: 9/4/23

Payee name: BILLOW MARKETING

Amount ($): 59.15

Payee address; City; State; Zip Code: 307 W. FM 120 POTTSBORO TX 75076

PURPOSE OF EXPENDITURE

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

Description: DOMAIN NAMES

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

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

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

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

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

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

| Date | Payee name |
|---|---|
| 10/19/23 | FAST SIGNS |

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

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

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

| Date | Payee name |
|---|---|
| 10/24/23 | BILLOW MARKETING |

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|---|
| 4 Date 11/15/23 | 5 Payee name VANTAGE ROI | | |
| 6 Amount ($) 2,500.00 | 7 Payee address; P.O. BOX 340836 | City; AUSTIN | State; TX Zip Code 78734 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONSULTING | (b) Description RESEARCH | |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

| Date | Payee name | | |
|---|---|---|---|
| 11/16/23 | PARKER STEELE | | |
| Amount ($) 100.00 | Payee address; 27 COKER ROAD, SHERMAN | City; | State; TX Zip Code 75090 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) LABOR | Description SIGNS | |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

| Date | Payee name | | |
|---|---|---|---|
| 11/30/23 | VANTAGE ROI | | |
| Amount ($) #286.02 | Payee address; P.O BOX 340836 | City; AUSTIN | State; TX Zip Code 78734 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONSULTING | Description RESEARCH | |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

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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
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

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

| 4 Date | 5 Payee name |
|---|---|
| 11/11/23 | GRAYSON COUNTY GOP |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 1,250.00 | P.O. BOX 3122 | SHERMAN | TX | 75090 |

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

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

| Date | Payee name |
|---|---|
| 12/13/23 | REMINGTON RESEARCH |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 7,500.00 | 800 W. 47th ST, #200, | KANSAS CITY, | MO | 64112 |

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

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

| Date | Payee name |
|---|---|
| 1/2/24 | FAST SIGNS |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 397.49 | 1920 N. GRAND AVE, | SHERMAN | TX | 75090 |

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

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule G: | 2 FILER NAME BRETT SMITH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/7/23 | 5 Payee name OFFICE DEPOT | |
| 6 Amount ($) 52.70 ☐ Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code SHERMAN, TX 75092 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 12/18/23 | Payee name TRACTOR SUPPLY | |
| Amount ($) 85.80 ☐ Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3201 N. US HIGHWAY 75, SHERMAN TX 75090 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) T-POSTS/SIGNS | (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date | Payee name | |
| Amount ($) ☐ Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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