APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ILL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS C	PTIONAL ¹ Failure to provide required	Intermation may result in rejection or applicati
APPLICATION FOR A PLACE ON THE KELLEL	ISD Board of Truets	GENERAL ELECTION BALLOT
	ame of election)	
I request that my name be placed on the above-named official b	allot as a candidate for the office	indicated below.
OFFICE SOUGHT (Include any place number or other distinguish	ng number, if any.) INDICATE	TERM
Keller Board of Trustee, Place 2	FULL	UNEXPIRED
FULL NAME (First, Middle, Last)	PRINT NAME AS YOU WA	NT IT TO APPEAR ON THE BALLOT*
Inai Cham Could	lena Cha	ul (makla.
Upm 81000 31now	DIRECT MANUAL AND ADDRES	S (Optional) (Address for which you receive
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rura) R you do not have a residence address, describe location of residence.)	campaign related correspond	
4201 Glan Cocioac Tr	ionia jonif	orkellerisd.com
CITY STATE ZIP	CITY	STATE ZIP
Fort Worth TX 7615	31	
1011	not leave blank) DATE OF BIRT	H VOTER REGISTRATION VUID
which you receive campaign related emails. If available, 1	lot leave blank) DATE of blitt	NUMBER ² (Optional)
Live Even	ts maucen	
TELEPHONE CONTACT INFORMATION (Optional)		
Home: Office:		Cell:
FELONY CONVICTION STATUS (You MUST check one)		E AS OF DATE THIS APPLICATION WAS SWORN
I have not been finally convicted of a felony.	IN THE STATE OF TEXAS	IN TERRITORY/DISTRICT/PRECINCT FROM
I have been finally convicted of a felony, but I have been	44 year(s)	WHICH THE OFFICE SOUGHT IS ELECTED
pardoned or otherwise released from the resulting		, , , , , , , , , , , , , , , , , , , ,
disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³	$\underline{5}$ month(s)	/_ month(s)
*If using a nickname as part of your name to appear on the ballot, yo	ou are also signing and swearing to	the following statements: I further swear that
my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have		
been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas		
Election Code regarding the rules for how names may be listed on the	ne official ballot.	Classel Crassella
Before me, the undersigned authority, on this day personally appear	red (name of candidate) VVIII O	71111 S/N (Y), who
being by me here and now duly sworn, upon oath says:	of Tarrant	County, Texas,
		will support and defend the Constitution and
being a candidate for the office of Keller BOAVA of IVI laws of the United States and of the State of Texas. I am a citizen o		
this state. I have not been determined by a final judgment of a cou	rt exercising probate jurisdiction to	be totally mentally incapacitated or partially
mentally incapacitated without the right to vote. I am aware of the	nepotism law, Chapter 573, Govern	nment Code. I am aware that I must disclose
any prior felony conviction, and if so convicted, must provide proof any such final felony conviction. I am aware that knowingly providi	that I have been pardoned or other	wise released from the resulting disabilities of
status constitutes a Class B misdemeanor. I further swear that the fo	oregoing statements included in my	application are in all things true and correct."
Jedeus Gollage East D. H. Waller	x Du sh	aul A has Ila
	The Control of the Co	and for the contract of the co
	SIGNATURE OF CANDIDA	ATE
Sworn to and subscribed before me this the May of	2022 by	Man Shun Shuth
(r	nonth) (year)	(name of candidate)
V pollosing & White	Cuthenne	e B. Whited
Signature of Officer Authorized to Administer Oath	Printed Plante St. Off	ner Authorized to Administen Dath
		CATHERINE B. WHITED TIC MysNotary ID # 6447598
Notway		Expires June 17, 2022
Title of Officer Authorized to Administer Oath TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS A	COMPANIED BY THE RECTURED	
CASH CHECK MONEY ORDER CASHIERS CHECK OR	PETITION IN LIEU OF A FILING	FEE.
This document and \$ filing fee or a nominating petitic	on of pages redeived.	Voter Registration Status Verified
· · · · · · · · · · · · · · · · · · ·	// Mehan	10 B Mitted
01 19 2022 0/ 19 2022 (See	Section 1.007)	ng Officer or Designee
Date Received Date Accepted		INS CHILLE OF DESIGNED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

··	See	CTA Instruction Guide for detailed instructions.	1 Total pages filed
2	CANDIDATE	MS MRS MR FIRST MI	OFFICE USE ONLY
2	NAME		
		J	Filer ID #
		NICKNAME LAST SUFFIX	Date Received
		Smith	
3	CANDIDATE	ADDRESS / PO BOX, APT / SUITE #; CITY; STATE, ZIP CODE	
٦	MAILING	MON MAN CONSOCTAL FOULLAND	
	ADDRESS	4001 GIETISPILIPS ITI, TORTVOERING	
		4901 Glen Springs Trl, FortWeath, TX 76137	Date Hand-delivered or Postmarked
4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$
	PHONE	(817) 800.9002	Para Para sand
		(811) 800.9002	Date Processed
5	OFFICE HELD		Date Imaged
	(if any)		
6	OFFICE	1111 100 0 1 100 10 11	21
	SOUGHT (if known)	Keller SD Board of Instees, t	uce 2
7	CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX
	TREASURER NAME	Jeffrey D (Jeff) 8n	1 th,
		Juliay D (July 81)	
8	CAMPAIGN	STREET ADDRESS: APT / SUITE #; CITY,	STATE: ZIP CODE
	TREASURER STREET	4801 Glen Springs Trl, FOA WOAL	1, TX 76137
	APARESS	יוישטי יישון נויו בשוווקבושוט וטסדן	11 st reigh
Í	residence or business)	<i>y y</i>	
- (
9	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
	TREASURER PHONE	1011 ags 1102	
		(817) 996.2293	
10	CANDIDATE		
	SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.
		I am aware of my responsibility to file timely reports as	required by title 15 of
		the Election Code.	
		I am aware of the restrictions in title 15 of the Election C	ode on contributions
		from corporations and labor organizations.	
		An Almit Smith	AM 197022
		JAMENUUM G	Date Sinford
		Signature of Candidate	Date Signed
		GO TO PAGE 2	

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

OFFICE USE ONLY

Date Received

Pursuant to chapter 258 of the Election Code, every candidate and
political committee is encouraged to subscribe to the Code of Fair
Campaign Practices. The Code may be filed with the proper filing
authority upon submission of a campaign treasurer appointment
form. Candidates or political committees that already have a
current campaign treasurer appointment on file as of September 1,
1997, may subscribe to the code at any time.
Subscription to the Code of Fair Campaign Practices is voluntary.

Date Hand-delivered or Postmarked Date Processed Date Imaged

1	ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE If filing as a candidat then read and sign p	te, complete boxes 3 - 6,	POLITICAL COMMITTEE If filing for a political committee, boxes 7 and 8, then read and sig	
3	NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) NYS NICKNAME	Smuth	SUFFIX{SR, JR, Hi, etc}	
4	TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE	PHONE NUMBER 800 - 900	EXTENSION	
5	ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	4801 Alen	Springs Tol	Fort North, TX 7	0137
6	OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Keller ISD	Board of Tr	uske, Place 2	
7	NAME OF COMMITTEE (PLEASE TYPE OR PRINT)				
8	NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) MY NICKNAME JEFF	Jeffrey LAST Smith	SUFFIX (SR., JR., III, etc.)	
		GO TO	PAGE 2		

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS (MRS) MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX CITY ZIP CODE **OFFICEHOLDER** MAILING Fort Worth TX 46134 **ADDRESS** 4201 Glen Springs Trl Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817 PHONE 800.9002 Amount \$ 6 CAMPAIGN MS / MRS / MR **TREASURER** NAME Date Processed NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN CITY STATE ZIP CODE **TREASURER ADDRESS** (Residence or Business) 46137 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description K General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDAT CAMPAIGI	TE/O	FFICEHOLDER	? Г	c	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	ni Si	naw Smith	The second	16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1,	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE	RANTEES OF LOANS, OF	THER THAN	\$ ()
	2.	TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES	OF LOANS)	\$ 9,34240
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$ ()
	4.	TOTAL POLITICAL EXPEND	DITURES		\$ 3139.91
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS	OF THE LAST DAY	s ()
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT O	OF ALL OUTSTANDING L	OANS AS OF THE	\$ ()
		Please comp	plete either optio	n below:	
(1) Affidavit					
NOTARY STAMP/SEA	L				
Sworn to and subscribed 20, to certify		e byness my hand and seal of office.		this the	day of,
Signature of officer administe	ering oath	Printed name of off	ficer administering oath		Title of officer administering oath
2000年1月	1.75		OR		
(2) Unsworn Declarati	on				
My name is JONI	Shaw.	Smith	, and my date	e of birth is	3/10/1977
My address is 4801 (glen Sp	rings Trl .	. Fort Wort	h .TX.	76137 USA
Executed in <u>Tarran</u>	<u>+</u>	(street) County, State of TEXUS	on the 7 day	of April (month)	(zip code) (country), 20
			Signatur	e of Candidate/Of	ficeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	JONI SNAW SMITH		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5478.65
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,863,75
3.	SCHEDULE B. PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 842.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1139,99
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	s 1157.74
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$
		LANCING COMPANY	MANAGER OF THE PARTY OF THE PARTY.

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME JOHN Shaw Smith	3 Filer ID (Ethics Commission Filer
4 Date 5 Full name of contributor out-of-state PAC (ID#) WILLIAM SMITH 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct BNSF RU WA	
Date Full name of contributor out-of-state PAC (ID#) 2/11/22 Contributor address; City; State; Zip Code 570 Skepu (b) (w/m Wlutherford TX 76085	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) And OS BBQ	ons)
Date Full name of contributor out-of-state PAC (ID#) VINGINIA SW HYGHS Contributor address; Eity; State; Zip Code 601 MWHANG Or Saginaw TX 76179	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruction)	ns)
Date Full name of contributor out-of-state PAC (ID#) OLUMN FYU Contributor address) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Sr. Systems analyst Principal occupation / Job title (See Instructions) Sr. Systems analyst NTTDATA	s)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	DED tring requirements

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Shaw Smith		3 Filer ID (Ethics Commission Filers)
2/22/22	5 Full name of contributor out-of-state PA JAMES SMITH 6 Contributor address; City; 4329 Woodlake In Fortward	State; Zip Code	7 Amount of contribution (\$)
	upation / Job title (See Instructions)	9 Employer (See Instruct	dons)
engine	elering Fechnician	FAA	
Date		C (ID#:)	Amount of contribution (\$)
2/22/22	Contributor address; City;	State; Zip Code	\$20000
	1211 Whispering Daks Dr R	eller TX	
Principal occu	pation / Job title (See Instructions)	Self-emplo	
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/24/22	Contributor address; City;	State; Zip Code	#2500
	709 Trails End Cir Hurst	TX 76054	Street of the
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Farmer Insur	rance agency
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/24/22	Contributor address; City;	State; Zip Code	#5000
	3000 Mahan Ct Grapevine	TX 76051	
	mation / Job title (See Instructions)	Employer (See Instructi	ons)
Tiome			

SCHEDULE A1

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

	MATERIAL PROPERTY OF THE PROPE	
The Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
2 FILER NAME JON 1 Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 6 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
2/25/22 NINA BULLAN 6 Contributor address; City;	11	\$ 10000
595 Shelly Ln Stephenvi	9 Employer (See Instruction	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Date Full name of contributor □ out-of-state P	AC (ID#:)	Amount of contribution (\$)
Stefanie O'Connell		
Contributor address; City;	State; Zip Code	\$10000
Rough Crest mansheld	TX 70063	700
Principal occupation / Job title (See Instructions)	Employer (See Instruction	
teacher	Mansfield ISI	0
Date Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
3/1/22 Contributor address; City;	State; Zip Code	\$10000
4029 Hillcrest Ct E Keller	TX 76244	
Principal occupation / Job title (See Instructions)	Paradist Cl	
Date Full name of contributor out-of-state PA		Amount of contribution (\$)
3/1/22 KOGUY CUUY Contributor address; City;	State; Zip Code	\$ 55.05
604 Avel Chillicothy	TX 19225	
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ns)
ser impuger		
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONETARY POLITICAL CONTRIBUTIONS 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Employer (See Instructions) phestar Realty Date Amount of contribution (\$) Amount of contribution (\$) Brinks Home Farmers Branch Date Amount of contribution (\$) State; Zip Code Michael Dills Enterprises, EB owner

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	11 Shaw Smith			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/8/22	6 Contributor address;	City;	State; Zip Code	\$ 2500
	5232 Bellis Dr	FORWORT	17X 76244	
	pation / Job title (See Instructions)	A STATE OF THE STATE OF	9 Employer (See Instruct	tions)
nome	emaker			
Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
3/01	Christine Mallo			4.400
3/8/22	Contributor address;	J City;	State; Zip Code	\$5000
	4914 BOBWILLS Drive	For Worst	TX 76244	
THE PERSON NAMED IN COLUMN 1	eation / Job title (See Instructions)	PARCE .	Employer (See Instruct	tions)
Ye	1red			
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
21 1	Lauren Cloy			
13/21/22	Contributor address;	City;	State; Zip Code	\$ 21,10
	408 Roland Dr	Keller	TX 76248	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	
K	N		1 Morth Texas F	Plastic Surgery
Date	Full name of contributor	out-of-state PAC	C (ID#)	Amount of contribution (\$)
7/21/22	Contributor address;	City;	State; Zip Code	\$ 5000
1	233 Austin	Kollor	TX 96248	
	ation / Job title (See Instructions)		Employer (See Instruct	tions)
rett	red			
		- 5		

SCHEDULE A1

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

_			
	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME	Shaw Smith	3 Filer ID (Ethics Commission Filers)
4	3/24/22	5 Full name of contributor out-of-state PAC (ID#) UM FITZGERU 6 Contributor address; City; State; Zip Code 250 1945 ARAM PAINC TX 75050	7 Amount of contribution (\$)
8	1,0	P(ESIALN) P(ESIALN) Employer (See Instructions) P(ESIALN)	istres
	Date 3/26/22	Full name of contributor	Amount of contribution (\$)
	The state of the s	1917 Serling Trace Dr Keller TX 96248 Deation / Job title (See Instructions) Cutive assistant Cuty Quake	
	7/21/22	Full name of contributor out-of-state PAC (ID#) Mende Ochrane Contributor address; City; State; Zip Code 1805 StateState NV FORWAM TV 4437	Amount of contribution (\$)
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions) Keller ISD	
Account to the second s	Date 3/27/22	Full name of contributor out-of-state PAC (ID#:) KAHM MW Contributor address; City; State; Zip Code 1846 PAUSIN CAHMA KUUK TX 96248	Amount of contribution (\$)
	Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
The state of the s			WEEDED.
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	reporting requirements.

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:
In Show Smith	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	Zip Code \$252.50
	over (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/27/20 Brithey Orren Contributor address; City; State;	110
A	HOV EVAPENAL
Date Full name of contributor out-of-state PAC (ID#:	Zip Code \$ 100 00
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Emple	Oyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	
	oyer (See Instructions)

SCHEDULE A1

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

The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	haw Smith	3 Filer ID (Ethics Commission Filers)
3/27/22	Full name of contributor out-of-state PAC (ID#) DOUG TAYIOV Contributor address; City; State; Zip Code 4024 Vernon Way Farwarh TX 74044	7 Amount of contribution (\$)
8 Principal occupation	g Employer (See Instructions)	ions)
3/27/22	Full name of contributor out-of-state PAC (ID#) LENN (FCY DUNN Contributor address; City; State; Zip Code 121 Genfle Wind M Keller TX 76248	Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions) Employer (See Instructions)	ions)
Date 3/28/22	Full name of contributor out-of-state PAC (ID#) DMNA COBb Contributor address; City; State; Zip Code NN WLD WeetHRA College IK TX 76034	Amount of contribution (\$) \$\\$\\$2000 60
Principal occupation	n / Job title (See Instructions) Employer (See Instructions)	ons)
3/28/22	Full name of contributor out-of-state PAC (ID#) ENCU DUNCUM Contributor address; City; State; Zip Code 564M SM MG Tot FOH WOMM TX 96137	Amount of contribution (\$)
Principal occupation	/ Job title (See Instructions) Employer (See Instructions)	te Health
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

		4. Total names Calcadida A4:
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Jone Shaw Smith	3 Filer ID (Ethics Commission Filers)
3/28/22	5 Full name of contributor out-of-state PAC (ID#) SAUN BOY 6 Contributor address; City: State; Zip Code 5109 Hen Canyon Fortward TX 76137	7 Amount of contribution (\$)
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ployed
7/28/22	Full name of contributor out-of-state PAC (ID#:) 440144 WAL Contributor address; City; State; Zip Code 832 Fem Gale Ar Fertworth 7x 74/37	Amount of contribution (\$)
1	eation / Job title (See Instructions) Employer (See Instructions)	ions)
3/28/22	Full name of contributor out-of-state PAC (ID#) LNAU MHCALF Contributor address; City; State; Zip Code VOI Brentum UT/ Kuller 7X 90248	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
3/28/22	Full name of contributor out-of-state PAC (IDM) ANULL Shwey Contributor address: City: State: Zip Code 5837 Backman Ct Fort Worth TX 76137	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc-	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2:
2 FILER NAME	n Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$ 3,863.75
5 Date 2/25/22	7 Contributor address; City; State;	Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description 9 In-kind contribution description 9 In-kind contribution 9 In-kind contribu
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
IAM (Cube	r Security Imanager	autol	ation, Inc
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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#	Zip Code	Amount of In-kind contribution description
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 T	HIS SCHEDU	JLE 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John Shaw 4 Date 6 Amount (\$) Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Office sought Office held City; State: Zip Code PURPOSE advertising expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

1 Total pages Schedule F4:	2 FILER NAME Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A C	REDIT CARD \$
6 Date 1/26/22	6 Payee name	M. T. C.
7 Amount (\$) \$89.42	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-F	Political
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	advertising expense	website
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held 150 Board of Trustee Pl 2
	Total grace since	19D Dara of Itaske Pla
Date	Payee name	19D Decera of Iraske Pl a
Date Amount (\$)		City; State; Zip Code
	Payee name Payee address;	
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee name Payee address;	City; State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE	Payee name Payee address; Political Non-l	City; State; Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee name Payee address; Political Non-l Category (See Categories listed at the top of this schedule)	City; State; Zip Code Political Description

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica			
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date 3/1/22	6 Payee name MS Marketing		
7 Amount (S)	8 Payee address; City; State; Zip Code 310 N mun St Unit E Keller TX 76248		
9 TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense (b) Description Worhungers a printing Push cards Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held JINI Shaw Smith Keller SD bound of Trustee Pl 2		
Date 3/14/22	MS MAKUH NA		
Amount (\$)	Payee address; City; State; Zip Code		
\$40594	310 N Main St UnitE Reller TX 96248		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense Check if travel outside of Texas Complete Schedule T. Description ABOT MARGES PRINTING SWCS. Check if Austin, TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held Office held Office held Office held Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date City; Zip Code State: political contributions 8 PURPOSE 4X4 S1915 EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas Complete Schedule T Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Pavee address: Amount (\$) City: State: Reimbursement from political contributions ntended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City: State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS MRS MR	JOM	MI S	OFFICE USE ONLY
NAME	NICKNAME	LAST Smulle	SUFFIX	Date Received
4 CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #,	CITY, STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	4801 Glen S		H WOHH TX 76137	
Change of Address				
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 800-9002	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / (IR)	Jeffrey	O ^{MI}	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	Jeff	Smith	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #, CITY,	STATE, ZIP CODE
TREASURER ADDRESS	4001/100	· Consected	Fair Lands	TV 112121
(Residence or Business)	1001 641	n Springs Trl	Fert Worth	TX 76137
,	AREA CODE	DUONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(817)	996-2293		
	(0)1 /	110 2295		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	1 /	19/22	THROUGH 4	29 /22
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	5/7	General		
	0 / 1 /	22		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	
			Keller ISD Boa	id of Trustees, P12
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages	GENERAL			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASIDED ADDRESS	
		COMMITTEE CAMPAIGN TR	ENSURER ADDRESS	
		GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	u Shaw Smith	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,623,07		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	s 12,321,17		
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	,		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information		
	Signature of Car	ndidate or Officeholder		
	Please complete either option below	:		
	. 10000 0011141010 010101 0411011 201011			
(1) Affidavit				
NOTARY STAMP/SEAR				
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 administe	ing oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is JONIS	mith , and my date of birth is	08/10/1977		
My address is 4801	filen Springs Trl tort Worth	IX 76137 WA		
Executed in	County, State of Texas, on the 28 day of april (month)	state) (zip code) (country) (1) , 20 22 . (year)		
	Signature of Candid	date/Officeholder (Declarant)		

SUBTOTALS - C/OH

19 FILER NAME JOHN Showsh	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 15,759 32
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,863 75
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,02344
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 113999
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1157 74
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#)	7 Amount of contribution (\$)
2/16/22	6 Contributor address; City;	State; Zip Code	\$50,°°
	4133 Drevmore Rd FortWOIA	n TX 126244	
8 Principal occu		9 Employer (See Instruct	
man	ager	BNSF Railwa	Щ
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
2/17/22	Contributor address; City;	State; Zip Code	\$100°°
	570 Sleepy Hollowin Weatherton	dTX 76085	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
bookke	wer	angelos BBG	}
Date		(ID#)	Amount of contribution (\$)
2/11/22	VIrginia Sw Hyms Contributor address; Gity:	State; Zip Code	\$100°
1010	601 mustana Dr Saginaw	TX 76179	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
1	rived		
Date		(ID#)	Amount of contribution (\$)
2/22/22	OCCUMA FYY Contributor address City;	State: Zip Code	\$100°°
, , ,	4809 Glun Springs Trl Fortworth	TX 76137	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Sr. Suste	ms analyst	NTTDATA	
J	,		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	haw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
2/22/22	JAMES Smith 6 Contributor address; City; State; Zip Code	#100000
	4328 Woodlake Dr FortWorth TX 76135	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	nstructions)
Engine	ering Technician FAA	
Date	Full name of contributor ut-of-state PAC (ID#:	Amount of contribution (\$)
2/22/22	Contributor address; City; State; Zip Code	#20000
	1211 Whispering Daks Dr Keller TX	
Principal occup	pation / Job title (See Instructions) Employer (See In	
CPA	Selt-en	nployed
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2/24/22	Contributor address; City; State; Zip Code	#2500
	709 Trails End Cir Hurst TX 7605	4
Principal occup	Employer (See In	nstructions)
owne	- Lavimor	Insurance agencu
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2/24/22	Contributor address; City; State; Zip Code	#5000
70101	2000 Mahan Ct Grapevine TX 76051	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
home	maker_	
	ATTACH ARRITIONAL CORIES OF THIS SCHEDILLE	AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	haw Smith		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
2/25/22	NINA BULAN 6 Contributor address; City;	State; Zip Code	\$ 10000	
	595 Shelly in Stephenville	1 TX 76401		
8 Principal occu	pation / Job title (See Instructions) L	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
2/25/22	Stanie D'Connell Contributor address; City;	State; Zip Code	\$10000	
	Royal Crest mansheld	TX 76063		
1	eation / Job title (See Instructions)	Employer (See Instructi		
teac	her	Mansfield 19	(N)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
3/1/22	TJ WW C Contributor address; City;	State; Zip Code	#10000	
	4029 Hillcrest CFE Keller	TX 76244		
	vation / Job title (See Instructions)	Paradist C		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3/1/22	ROGUY CLUY Contributor address; City;	State; Zip Code	\$ 55.05	
	604 Avel Chillicothy	TX 79225		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
SULT	imployed			
	-			

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	i Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor	7 Amount of contribution (\$)
3/1/22	6 Contributor address; City; State; Zip Code	#5000
	2533 EIKHOllow Ln Weatherford, TX 46085	
	pation/Job title (See Instructions) 1 + or/Self-employed Lonestar K	ructions) Lealty group
Date	Full name of contributor	Amount of contribution (\$)
3/1/22	UNNIFO LEBIMO Contributor address; City; State; Zip Code	#5000
	5205 Black Hills Ct Fortworth TX 76137	
	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
100	1 - 1	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/2/22	Contributor address; City; State; Zip Code	\$ 5000
	4917 Glen Son 1915 TVI FOX WORTH TX 76137	
Principal occup Senior Manage	Dation / Job title (See Instructions) Employer (See Inst Ex, Aduct Technology and Integration BNAKS Home	Tarmers Banch
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/6/22	MICHALL DILS Contributor address; City; State; Zip Code	# 100 to
	3600 clipper Mill Rd, Ste 150 Baltimore MD 21211	
	pation / Job title (See Instructions) Employer (See Inst	ructions)
OWI	ner michael D	ills Enterprises, EPS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	11 Shaw Smith				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#		7 Amount of contribution (\$)
3/8/22	6 Contributor address;	City;	State; Zip	Code	\$ 2500
	5232 Bellis Dr	FOHWOM	1X 74		
1	pation / Job title (See Instructions)		9 Employer	(See Instruction	ons)
Date	Full name of contributor	out-of-state PAC	; (ID#		Amount of contribution (\$)
3/8/22	Christine Malle Contributor address;	J City;	State; Zip	Code	\$5000
	4914 BOBWILLS Drive	Fort Worth	TX 716	2244	
	pation / Job title (See Instructions)		Employer ((See Instruction	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
3/21/22	Contributor address;	City;	State; Zip	Code	\$ 21,10
	408 Roland Dr	Keller	TX 762	48	
Principal occup	pation / Job title (See Instructions)		Employer ((See Instruction TWAS P	lastic Surgery
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
3/21/22	Contributor address;	City;	State; Zip 0	Code	# 50 00
	233 austin	Keller	TX 96	248	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ons)	
rett	red			_	

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Show Smith	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct WICH PIENALM MANUALM 19 Employer (See Instruct)	ions) (
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1917 Serling Trace Dr Keller TX 96248	.)0
Principal occupation / Job title (See Instructions) Executive assistant Employer (See Instructions) Uty Quaker	
Date Full name of contributor out-of-state PAC (ID#) Mendi Cochrane	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$5000
1'1805 Stansfield Dr FortWorth TX 46137	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Keller ISD	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
327/22 Contributor address; City; State; Zip Code	\$10000
1846 Rearson Crossing Keller TX 76248	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
homemaker	
1-VII-VII-7-IVV V	

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/27/22	6 Contributor address; City; State; Zip Code	#252.50
8 Principal occu	pation / Job title (See Instructions) See Instructions See Instructions	tions)
	moloued realtor	
Date	Full name of contributor	Amount of contribution (\$)
3/27/20	Contributor address; City; State; Zip Code	\$1000
	1838 Pearson Crossing Keller TX 76248	
	Dation / Job title (See Instructions) ADMAL THERESE BALLOY BY A	
uuupa	honal Therapist baylor bray	wya
Date	Full name of contributor	Amount of contribution (\$)
3/27/20	Contributor address; City; State; Zip Code	\$ 10000
	2128 Highland Park Cir Fort Worth, TX 76107	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	etions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
3/21/20	Deborah Johnson Contributor address; City; State; Zip Code	\$5000
	1461 Grape arbor Ct Keller TX 76262	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Shaw Smith	3 Filer ID (Ethics Commission Filers)		
3/27/22	Full name of contributor out-of-state PAC (ID#:) DOUGH TAYLOV Contributor address; City; State; Zip Code 4024 Vemon Way Fawarh TX Hay4	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
3/27/22	Full name of contributor out-of-state PAC (ID#:) Jehn (FC Duvin Contributor address; City; State; Zip Code	Amount of contribution (\$)		
	921 Gentle Wind Dr Keller TX 76248	, , , ,		
1	eation / Job title (See Instructions) Employer (See Instruct Employer (See Instruct	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
3/28/22	DONNA COBB Contributor address; City; State; Zip Code 707 WLO Lockett Rd College Ik, TX 96034	\$20000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
retire	ed			
) 3/28/22	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)		
4855 Glen Springs Trl FOH Worth TX 96137				
Principal occupa	roman Munager Employer (See Instructions) Employer (See Instructions) Employer (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.

SCHEDULE A1

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

The	Instruction Guide explains how to comple	1 Total pages Schedule A1:			
2 FILER NAME	done Shaw Smith		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-s	state PAC (ID#:)	7 Amount of contribution (\$)		
2100	Sarah Gora				
120/22	6 Contributor address; City;	State; Zip Code	\$1000		
	5109 Glen Canyon textu	JOHN TX 76137			
	ipation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
FASTer.Wa	y to Fat Loss Coach	Selfen	rployed		
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)		
2/201	Holly Unse		***		
128/22	Contributor address; City;	State; Zip Code	\$20000		
1-100			#200		
	832 Hern Lake Bi Fert	North TX 74/37			
1	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
nom	emaker				
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)		
21	linda metcalf		4		
7/28/22	Contributor address; City;	State; Zip Code	#50°°		
100	Note Occupant of Till Will	W TV 11.21/A			
		er 7x 96248			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	VETIFER				
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of contribution (\$)		
01	Danielle Churere				
3/28/22	Contributor address; City;	State; Zip Code	#20°°		
. 100	5837 Blackmon Ct Forth	Vov+h TX 76137			
	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
homema	ker				
. , , , , ,					

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2	FILER NAME	haw fmith			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
•					
	3/29/22	KONY WWW.JN.	City;	State; Zip Code	\$20°
		5258 Cameron Creek A	Pace #154 FC	94 WOIAH TX 76132	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Sales	consultant		HIGT	
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	31-01	Patrick Bouchebel			4 - 42
	3/29/22	Contributor address;	City;	State; Zip Code	\$250°C
		1600 Avenhill Ct	Keller	TX 76248	
	Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	
	CE	0		pouchebel C	onsultants, UC
1	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	31,01	LAM NUNCS Contributor address;			# 2110
	122	Contributor address;	City;	State; Zip Code	21-
		155 Mill Crossing Ln	Sarratown	TX 76082	
		pation / Job title (See Instructions)	, ,	Employer (See Instruc	tions)
	non	nemaket			
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
1	31-01	apply nichola			\$ 2112
	124/22	Contributor address;	City;	State; Zip Code	2/10
		155 Mill Crossing LA	Sonratown	TX 76082	
	Principal occup	ation / Job title (See Instructions)	, ,	Employer (See Instruc	tions)

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME JOHN Shuth	3 Filer ID (Ethics Commission Filers)				
4 Date 3 29 22 6 Contributor address; City; State; Zip C	7 Amount of contribution (\$)				
8 Principal occupation / Job title (See Instructions) 9 Employer (S	See Instructions)				
	employed				
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
3/29/22 Christina Castillo Contributor address; City; State; Zip C					
6150 Dalumont Trl #301 Fortworth TX 76	132				
Principal occupation / Job title (See Instructions) SUF-UM JOHN JOHN SS	See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
3/29/22 KONTICH UC Contributor address; City; State; Zip C	ft in CD				
3604 Cripple Creek Irl Roanoke TX 76	262				
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)				
Date Full name of contributorout-of-state_PAC_(ID#.	Amount of contribution (\$)				
3/30/22 Dong and buttle Jaylon Contributor address; City; State; Zip Co					
4024 Vernon Way Fort Worth TX 762	VY				
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)				
retired -					

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/30/22	COMY HOPMANN City: State; Zip Code	\$1000
	533 Sovenson Trl Keller TX 76248	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ACCUSAGE OF THE PROPERTY OF TH
self-em	oloned KC Creativ	
Date	Full name of contributor	Amount of contribution (\$)
3/30/22	Contributor address; City; State; Zip Code	\$ 103,49
	1323 Blair Ridge Or Keller TX 76248	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
hom	emaker	
Date	Full name of contributor	Amount of contribution (\$)
3/30/22	Cathcat Institute, StC - Stm Cathcat Contributor address; City: State; Zip Code	\$21,10
	11712 Red Oak Valley En austin TX 78732	
Principal occur	pation / Job title (See Instructions)	
Lecture	r, author, self-employed Catheart Insti	wa le
Date	Full name of contributor	Amount of contribution (\$)
3/30/22	Contributor address; City; State; Zip Code	#30000
	1620 Village Trail Keller TX 76248	
Principal occup	Employer (See Instructions)	ctions)
reti	red 2	

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	Joni Show Smith	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)				
3/31/22	G Contributor address; City; State; Zip Code	\$57 95				
	5425 Yellowstone Trl FOXAWOVAN TX 76137					
8 Principal occu Teacher &	pation / Job title (See Instructions) 9 Employer (See Instructions) All ance Chris	ishan academy				
Date	Full name of contributor	Amount of contribution (\$)				
3/31/22	Contributor address City; State; Zip Code	\$5000				
	P.D. Box 845 Pahoa H1 96778					
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)					
owner	100erator Wild Funa	Farms				
Date	Full name of contributor	Amount of contribution (\$)				
3/31/22	Chris Zafrino Contributor address; City; State; Zip Code	\$4500				
,	9732 Sam Bass Snail Fortworth TX 76244					
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)					
	Pusiness analyst Charles Schu	Vab				
Date	Full name of contributorout-of-state_PAC (ID#:)	Amount of contribution (\$)				
4/4/22	anta Mille Contributor address; City; State; Zip Code	\$2000				
,	Kelly TX 76248					
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)				
Stall	of home					
	•					

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/22	Full name of contributor out-of-state PAC (ID#:) State; Zip Code RUM X 40348	7 Amount of contribution (\$)
// ^	pation / Job title (See Instructions) 9 Employer (See Instructions) Office Instructions Office Instructions	(U)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/7/22	Contributor address; City; State; Zip Code	\$ 2000000
	1620 Village Trail Keller TX 76248	
11	Section / Job title (See Jinstructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/1/22	Contributor address; City; State; Zip Code	5100
,	Keller TX 76248	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/8/22	Contributor address; City; State; Zip Code	10000
	8324 Trace Ridge Prwy Fort Worth TX 76137	
Principal occup	Employer (See Instructions) Employer (See Instructions)	tions)
		50

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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:
2 FILER NAME JM Show Smith	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/4/22 Contributor address; City: State; Zip Code	1000
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Selt-employed	
Date Full name of contributor out-of-state PAC (ID#) Amnu Mulu Contributor address; City; State; Zip Code	Amount of contribution (\$)
1217 White Ordan of Villa TV Harillo	90
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
4/6/22 Ruch Stolled Contributor address; City; State; Zip Code Rull TX 4/246	1000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)
46722 Jaletta Cooley Contributor address: J City: State: Zip Code 4425 Southquite or achaed TX 75028	\$ 5000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)

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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:						
2	FILER NAME	Shaw Smith	3 Filer ID (Ethics Commission Filers)				
4		6 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)				
	Date	Full name of contributor	Amount of contribution (\$)				
	4/8/22	Contributor address; City; State; Zip Code	. 2000				
	Principal occup	ation / Job title (See Instructions) Employer (See Instru	uctions)				
	Date	Full name of contributor	Amount of contribution (\$)				
	4/8/22	Contributor address; City; State; Zip Code	5000				
	Principal occup	Destroin / Job title (See Instructions) Employer (See Instructions)	uctions)				
	Plate 4/8/22	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
		A TWITTO					

SCHEDULE A1

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

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2	FILER NAME	toui Shaw Smeth	3 Filer ID (Ethics Commission Filers)					
8	48/22	Keller TX						
	Principal occup	11 Ja vollar Di Rouac Ir						
	Date Y/8/22 Principal occup	Full name of contributor out-of-state PAC (ID#:	D Code					
	Date 4/8/22 Principal occup	Full name of contributor out-of-state PAC (ID#:						
		ATTACH ADDITIONAL COPIES OF THIS SCH						
		ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see Instruction guide for						

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	bni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
141	Deborah Yndan con	
7/9/22	6 Contributor address; City; State; Zip Code	5000
144	FOR WORTH TX	
O Driverient con-	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
8 Principal occu	YUMA	
Date	Full name of contributor	Amount of contribution (\$)
The second	Carey Ruse	10000
4/10/22	Contributor address; City; State; Zip Code	100
100	Keller 4x	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
111	Shannon Walker	
4/13/22	Contributor address; City; State; Zip Code	100 00
100	553 finbridled In Keller TX 76248	
		tions)
- 40	Pation / Job title (See Instructions) Employer (See Instructions)	
		Amount of contribution (\$)
Date		
4/14/20	Tricia m Cuhotter Contributor address: City; State; Zip Code	2500
111122	Contributor address,	85
	Fort Worth TX	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Stary	at home	
- 0		

SCHEDULE A1

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

ii tiio reques	tod information to the application					
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME	mishau Smith	3 Filer ID (Ethics Commission Filers)				
4 Date 4/14/22	5 Full name of contributor out-of-state PAC (ID#) WALL DEWINTEL 6 Contributor address; City: State; Zip Code WALL TX HALFB	7 Amount of contribution (\$)				
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)				
4/16/22	Bothany Whitacre Contributor address; City; State; Zip Code 1707 FOREH BEND IN KULLY IX 70249	5000				
	pation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
4/15/22	Betty Piece City; State; Zip Code FOHWOAH TO HOLY	10000				
	pation / Job title (See Instructions) Employer (See Instructions)	tions)				
Date	Full name of contributor	Amount of contribution (\$)				
1114/22	Contributor address; City; State; Zip Code 9814 RAVENSWOOD Rd GVANDAVY TX 76049	2500				
Principal occup	pation / Job title (See Instructions) U Employer (See Instruc	Etions)				
*an	ATTACHARDITIONAL CORRESPONDENCE					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED				

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:						
2 FILER NAME UM HAW Smith	3 Filer ID (Ethics Commission Filers)						
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)						
8 Principal occupation / 300 title (See Institution)							
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)						
4/20/22 DONS Lebreaux City; State; Zip Code	#1000						
KUW 1X 76240							
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)						
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) #2008 00						
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)						
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)						
Principal occupation (Job title (See Instructions) Employer (See Instructions)							
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.							

SCHEDULE A1

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

	The same of the sa					
The	1 Total pages Schedule A1.					
2 FILER NAME	oni Shaw Smith	3 Filer ID (Ethics Commission Filers)				
4 Date 4/25/22	5 Full name of contributor out-of-state PAC (ID#) MUNU STAULA 6 Contributor address; City; State; Zip Code 554 Murfan M FOAWORN TX 9637	7 Amount of contribution (\$)				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	I tions)				
	thome mom					
0		Amount of contribution (\$)				
Date 4/25/22	Erik LUSA Contributor address; City; State; Zip Code	# 1007 00				
	Chandle Rd Leller TX 46248					
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)				
	Self-employed					
Date	Full name of contributor	Amount of contribution (\$)				
4/25/22	Contributor address; City; State; Zip Code	10000				
Jaa	9324 Shields St Fort Worth TX 76244					
Principal occul	pation / Job title (See Instructions) Employer (See Instru	ctions)				
	ried					
	Full name of contributor	Amount of contribution (\$)				
Date	A la	K - ITP				
4/21/2	Contributor aderess; City; State; Zip Code	\$2000				
1-1177	Fortworth TX 76137					
Principal occup	pation / Job title (See Instructions) Employer (See Instru	actions)				
crossi	19 Saurol					
	70					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

30000000000000000000000000000000000000			**************************************		
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2.		
2 FILER NAMI	ni Shaw Smith		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$ 3,863.75		
5 Date 2/25/22	6 Full name of contributor out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$\ \begin{array}{cccccccccccccccccccccccccccccccccccc		
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	0 1 1	r (FOR NON-JUDICIAL)(See Instructions)		
	r Sellerity) Menager sprincipal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description		
			Check if travel outside of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE 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/Politica		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Gui	de explains how to c	omplete this form.		
1 Total pages Schedule F1:	ages Schedule F1: 2 FILER NAME					cs Commission Filers)
4 Date 3/25/22	5 Payee na	Sports Ke	ller			
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
\$547.74	901 K	ller PKWY	Unit H	Keller	TX	76248
8	(a) Categor	y (See Categories listed at the	he top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	off	ner/advert	Sing expense	t-Shirts		
	(c)	Check if travel outside of Texas	s Complete Schedule T	Check if Austin	. TX. officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder nam	ne	Office sought		Office held
Date	Payee na	ame				
3/28/22	ms	marketing				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$ 294,44	310	N Main St	Unit E	Keller	T	76248
	Category	(See Categories listed at the	e top of this schedule)	Description		
PURPOSE OF EXPENDITURE	adve	rhsing expen	nse	door hangers post cards	Eprinting	
		Check if travel outside of Texas	s Complete Schedule T	Check if Austin	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder nam	ne	Office sought		Office held
Date	Payee na	ame				
4/22/22	ms	manuhng				
Amount (\$)	Payee ad			City;	State;	Zip Code
\$324 75	3101	1 main 8+	lnit E	Keller	TX	H1248 Istarde
	Category	(See Categories listed at the	e top of this schedule)	Description - '		. 14. 14.
PURPOSE OF EXPENDITURE	adver	roing expensi	se	printing	- 2000 pc	ystarae
	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		ate / Officeholder nan	ne	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Zip Code 6 Amount (\$ City; State: 8 Direct mail (11,838 PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office held expenditure to benefit C/OH City; Amount State: Zip Code (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) ent Expense Loan Repayment/Reimbursemen

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Conations Made By
Candidate/Officeholder/Political Committee

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)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed a					
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME Shaw	Smith		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES C	HARGED TO A CR	EDITCARD	\$	
5 Date 1/26/22	6 Payee name	om_			
7 Amount (\$)	8 Payee address;	,	City;	State;	Zip Code
\$89.42					
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10	(a) Category (See Categories listed	at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	advertising exper	156	website	Ĺ	
	(c) Check if travel outside of	Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
11	Candidate / Officeholde	er name Of	ffice sought	Office h	ield
Complete ONLY if direct expenditure to benefit C/OH	Joni Shaw Smith	n Kellerle	50 Board of Tru	isteePl2	
Date	Payee name			•	
Date	8				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical		
	Category (See Categories listed	at the top of this schedule)	Description		
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of	Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	er name Of	ffice sought	Office h	neld
	ATTACH ADDITIONAL	COPIES OF THIS SO	CHEDULE AS NE	EDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	s now to complete this form.	3 Filer ID (Ethics Commission Filers)
	John Shaw Smuth		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 2/01-0	6 Payee name		
217/22	ms marketing	2	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$644.63	310 N main St Unit &	Keller	TX 76248
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	
10	(a) Category (See Categories listed at the top of this		-
PURPOSE OF EXPENDITURE	printing expense	door hang push car	ds printing
	(c) Check if travel outside of Texas Complete S	Schedule T Check if Au	stin, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Joni Shaw Smith K	eller ISD board of Truste	eP12
Date 24.11	Payee name		
714/22	M3 Marketing	011	
Amount (\$)	Payee address;	City;	State; Zip Code
\$40594	310 N Main St UnitE	Relles	TX 96248
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this		<i>d</i> -
PURPOSE OF EXPENDITURE	printing expense	door hange post cast	as printing sircs.
	Check if travel outside of Texas Complete	Schedule T Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expendit		Office held	
		Truste Pla	
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Zip Code political contributions intended 8 (b) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Payee address; Amount (\$) City: State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address: Amount (\$) City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office sought

Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: 21
3 CANDIDATE / OFFICEHOLDER	MS MRS MR	FIRST	MI S	OFFIC	E USE ONLY
NAME	NICKNAME	LAST_ SMUTH	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	4801 Glan Sp	, , , , , , , , , , , , , , , , , , , ,	CITY, STATE; ZIP CODE AWOMN TX 76137	ā	
Change of Address				4	
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER $800 - 9002$	EXTENSION	Date Hand-delivere	od or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	JEFFREIN	MI	Date Processed	Amount
NAME	NICKNAME		OUEEN	Date Plocessed	
Total carrier	NICKNAME LLL	5Mith	SUFFIX	Date Imaged	-
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	4801 Glan	Sonna (Trl. Fo	A WOAH, TX 761.	37	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 990 - 2293	EXTENSION	7.1	
	1011	110 2219			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day at treasurer a (Officeholde	
1.3	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month /	Day Year / 19 / 22	THROUGH 5	Day Year / 21	22
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other		
		-	Description		
,	5/4/	22 K General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (# KNOWN Keller (SD BOUND	of Trustees,	Place 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF T	NDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME KUL	le 150 Family all	iance	
Additional Pages	GENERAL	COMMITTEE ADDRESS	0. Box 80382	Keller D	(HO244
	SPECIFIC	COMMITTEE CAMPAIGN TRE	DOLATAS STAM	105	
	·*	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
<u> </u>		512 5	Spicewood Ct, Ke	Mer, TX	76248
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME .	new Smith	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,248,07			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,786.69			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	Signature of Car	ndidate or Officeholder			
	Please complete either option below	; :			
(1) Affidavit					
NOTARY STAMP/SEA	L				
	before me by this the _	, day of,			
20, to certify	which, witness my hand and seal of office.				
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarati	on _				
My name is	, and my date of birth is	august 10,1977.			
My address is 4801	Glen Springs Trl . Fort Worth . TX	- 10137. USA.			
Town		ate) (zip code) (country)			
Executed in 1/1/1/1/1000	County, State of 1/1/15, on the 31 day of	(year)			
	Will Signature of Candida	te/Officeholder (Declarant)			
		•			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
	Joni Shaw Smoth	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,384.32
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8863, 75
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16076,90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 113999
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 57000
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	\$

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Joni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 2/16/22	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) $\pm 50^{\circ}$
	4133 Drexmore Rd Fortworth TX 126244	e mai lade de mai, e gi. lin
1-0-	upation / Job title (See Instructions) 9 Employer (See Instructions) BNSF RAIL	
Date	Full name of contributor	Amount of contribution (\$)
2/17/22	Contributor address; City; State; Zip Code	\$10000
	570 Sleepy Hollowin Weatherford TX 76085	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) Angel 05 BB	A
Date	Full name of contributor	Amount of contribution (\$)
2/11/22	Contributor address; City; State; Zip Code	\$10000
•	601 mustang Dr Saginaw IX 76179	
	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
2/22/22	Contributor address: City; State; Zip Code	#10000
	4809 Glen Springs Trl Fortworth 7X 76137	
	ms and structions) Employer (See Instructions) MS and Structions	uctions)
J	,	

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

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	The	Instruction Guide explains how to complete this	formalones of work and	1 Total pages Schedule A1:
2	FILER NAME	gno painting the refer to		3 Filer ID (Ethics Commission Filers)
	Jonis	haw Smith		Mariel Applied to the
4	Date (🏭 👊	5 Full name of contributor out-of-state PAC	C (ID#:/xxxx10-fun [*** 10])	7 Amount of contribution (\$)
	2/22/22	6 Contributor address; the Gity; and	State; Zip Code	#100060
			1X 76135	025 3016
8	(A) - 1	epation / Job title (See Instructions)	9 Employer (See Instruc	Principal occupation / Job http: (Secondary) Principal occupation / Job http://doi.org/10.1001/10.100
	Date (3) not	Full name of contributor out-of-state PAC	(ID#geta testue [] 19	Amount of contribution (\$)
	2/22/22	Contributor address; Show at City; and	State;@Zip Code	#20000
		1211 Whispering Daks Dr Re		chair agaidh
	Principal occup	pation / Job title (See Instructions)	Self-emplo	•
	Date (常) (向	Full name of contributor out-of-state PAC	(ID# <u>setselvedus [])</u>	Amount of contribution (\$)
	2/24/22	Contributor address:	State;लं Zip Code	#2500
		709 Trails End Cir Hurst	N 76054	the transfer to of
	Principal occup	pation / Job title (See Instructions) (1) reveils 13		utance agency
	Date (1) no	Full name of contributor out-of-state PAC	(ID# <u></u>	Amount of contribution (\$)
	2/24/22	Contributor address: Shoot qiCity; state	State;√⊓Zip Code	#5000
		3000 Mahan Ct Grapevine	TX 76051	John Hall
		pation / Job title (See Instructions)	Employer (See Instruct	Pridayar new paten rubb ste de (anois

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	s form.	1 Total pages Schedule A1:
2 FILER NAME	haw Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
2/25/22	NINA BUUAN 6 Contributor address; City;	State; Zip Code	\$ 10000
	595 Shelly In Stephenvil	le TX 76401	
	pation / Job title (See Instructions)	9 Employer (See Instruct	tions) and the state of the sta
retu	l W		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
21	Stetanie O'Connell		
9/25/22	Contributor address; City;	State; Zip Code	\$10000
	Royal Crest mansheld	TX 76063	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions) & San and Carlotte Carlotte
teac	her with the same of the	Mansfield 1.	SD
Date	Full name of contributor ut-of-state PAG	C (ID#:)	Amount of contribution (\$)
01	TJWare		
9/1/22	Contributor address;	State; Zip Code	\$10000
100	4029 Hillcrest CFE Keller	TX 76244	
	pation / Job title (See Instructions)	Employer (See Instruct	
00	uner	Paradise C	laims
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
21 1	Roger Clay		
11/22	Contributor address; City;	State; Zip Code	\$ 55.05
	604 Avel Chillicothy	TX 19225	
1.0	ation / Job title (See Instructions)	Employer (See Instruc	tions)
SUF	employed		<u>. Paris de la companya dela companya dela companya dela companya de la companya </u>

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	i Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7. Amount of contribution (\$)
3/1/22	TOSYA WAA City; State; Zip Code	#5000
	2533 EIKHOllow Ln Weatherford, TX 96085	
	pation / Job title (See Instructions)	
rea	ttor/self-employed Lonestar Re	alty group
Date	Full name of contributor	Amount of contribution (\$)
211	Jennifer Leblanc	
3/1/22	Contributor address; City; State; Zip Code	47.00
70.0-	5 206 Black Hills C.L Forth and DV Holoz	\$30
Principal occur	pation / Job title (See Instructions) Employer (See Instru	ctions) and the state of the st
	ltor/self-employed	
Date of the	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/2/22	Contributor address; City; State; Zip Code	\$ 5000
	4817 Glen Son Mostry Fortworth TX 76137	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	
Senior Manage	er, Hoduct Technology and Integration Brinks Home	Farmers Branch
Date	Full name of contributor	Amount of contribution (\$)
3/6/22	Contributor address; City; State; Zip Code	# 10000
	3600 Clipper Mill Rd, Ste 150 Baltimore MD 21211	
	pation / Job title (See Instructions) Employer (See Instru	
QW	ner Michael Dil	ls Enterprises, EPS

SCHEDULE A1

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

	and the page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	11 Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/8/22	6 Contributor address; City; State; Zip Code	\$ 2500
	5232 Bellis Dr FOHWOMH TX 76244	
1	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions) gagadagaa saabaa saabaa ka
nom	emaker /	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/8/22	Contributor address; City; State; Zip Code	\$5000
	4914 BobWills Drive Fort Worth TX 76244	
	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/21/22	Contributor address; City; State; Zip Code	\$ 21.10
	408 Roland Dr Keller TX 76248	
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions) NOVAN TEXAS I	Plastic Surgery
Date	Full name of contributor	Amount of contribution (\$)
3/21/22	Contributor address; City; State; Zip Code	# 5000
, ,	233 austin Keller TX 96248	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)

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

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The Instruction Guide explains how to complet	te this form.
2 FILER NAME SHOW SMACH	3 Filer ID (Ethics Commission Filers)
3/24/22 G Contributor address; City;	State; Zip Code State; Zip Code
	Maine TX 75050
Principal occupation / Job title (See Instructions)	9 Employer (See Instructions) HAWYAN INJUSTICES
Date Full name of contributor out-of-st	tate PAC (ID#:) Amount of contribution (\$)
3/26/22 Heldi Ruotolo City;	State; Zip Code 45000
1917 Serling Trace Dr Kell	W TX 96248
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Uty QUIKer
Date Full name of contributor ☐ out-of-st	tate PAC (ID#) Amount of contribution (\$)
3/21/22 Mendi Cochrane City;	State; Zip Code
2805 Stansfield Dr ForAN	MIAH TX 210127
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Keller (SD
Date □ out-of-st	tate PAC (ID#) Amount of contribution (\$)
3/27/22 Kathy My Contributor address; City;	State; Zip Code
1846 Pearson Corefing Kollo	r TX 910248
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
homemaker	

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	shaw smith	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:) MANA WAWA	7 Amount of contribution (\$)
3/27/22	Much young 6 Contributor address; City; State; Zip Code	\$252.50
	1921 Spanish Bay Dr Keller TX 76248	
- 1 1	pation / Job title (See Instructions) 19 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/27/20	Brithley Orren Contributor address; City; State; Zip Code	\$1000
	1838 Pearson Crossing Reller TX 76248	
Λ.	Pation / Job title (See Instructions) Employer (See Instruct BALLOV BYA	
Date	Full name of contributor	Amount of contribution (\$)
3/27/20	Contributor address; City; State; Zip Code	\$ 10000
	2128 Highland Park Cir Fort Worth, TX 76107	
	pation / Job title (See Instructions) Employer (See Instruc	tions)
renr	ed	
	Full name of contributor	Amount of contribution (\$)
3/27/20	DUDUM JOHNSON City; State; Zip Code	\$5000
	1467 Grape arbor Ct Keller TX 76262	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) UNIFIED (ATC)	WA

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

The	Instruction Guide explains how to complete this form. gate or not real	1 Total pages Schedule A1:
2 FILER NAME	Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/22	5 Full name of contributor out-of-state PAC (ID#:) DOUG TAYIOV 6 Contributor address; City; State; Zip Code 4024 Vemon Way Faxwah TX 74044	7 Amount of contribution (\$)
8 Principal occur	pation / Job title (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/27/22	Contributor address; City; State; Zip Code 921 Gentle Wind Dr. Keller TX 76248	W 10000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	iions) aas allab araa as a
hom	emaker	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/28/22	Contributor address; City; State; Zip Code	\$200000
	707 WLD Lockettrd Collegnill TX 76034	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date Occion	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/28/22	Contributor address; City; State; Zip Code	\$4000
* * * * * * * * * * * * * * * * * * *	4855Glen Sonngs. Trl Fortworth TX 96137	
Principal occup	pation / Job title (See Instructions) FORUM MWAGER BAU OF GOTH & Wh	

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The	Instruction Guide explains how to complete this fo	m. ५५, ं सं कर्ने अवस्	1 Total pages Schedule A1:
2 FILER NAME	Jone Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID	#:	7 Amount of contribution (\$)
3/28/22	6 Contributor address; City;	State; Zip Code	\$1000
	5/09 Glen Canyon textworth	TX 76137	
1	pation / Job title (See Instructions)	Employer (See Instruction	1
1751ET WWW	y to Fat Loss Coach	suf an	ployed
Date A	Full name of contributor ut-of-state PAC (ID	#:	Amount of contribution (\$)
3/201	Holly Wise	Eline Se Landi	O Maria and a
120/22	Contributor address; City;	State; Zip Code	\$20000
	and template a touther	TV HUDL	
Principal occur	832 Forn Calle A FOHWOHN pation / Job title (See Instructions)	Employer (See Instruction	ons)
1	emaker		
Date (Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
3/20/2	Contributor address; City;	State; Zip Code	\$ 5000
10/22	I had a desired to the second	1/ /D/ 2//0	
38	11601 Brentwood IVI Rever 1	X 40248	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	
	Verifica		<u> </u>
Date 1	Full name of contributor out-of-state PAC (ID	#: <u></u>	Amount of contribution (\$)
21	Danielle Shwers		1 L
2/28/23	Contributor address; City;	State; Zip Code	#2000
, 100	5837 Blackmon Ct Fort Worth	TX 76137	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions) a politic galactic and a large service
homem	aker		
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, and a separate of the separa				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	haw smuth	3 Filer ID (Ethics Commission Filers)		
4 Date 3/29/22	5 Full name of contributor out-of-state PAC (ID#:) KONY WILLIGH 6 Contributor address; City: State; Zip Code 5258 Cameron Creek Mace #154 Fort Worth, TX Ho132	\$\frac{1}{20^{\infty}}		
0 1	cation / Job title (See Instructions) 9 Employer (See Instructions) ATGT	tions) - with a broken again, page 2		
Date	Full name of contributor	Amount of contribution (\$)		
3/29/22	Patrick Buchelol Contributor address; City; State; Zip Code	\$25000		
	1600 greenhill of Keller TX 76248			
Principal occup	ation / Job title (See Instructions) Employer (See Instruct BMUNUBLI C	onsultants, LLC		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3/29/22	Contributor address; City; State; Zip Code	# 21.10		
	155 Mill Crossing Ln Sonratown TX 76082			
	nation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date (a) a	Full name of contributor	Amount of contribution (\$)		
3/29/22	Contributor address; City; State; Zip Code	\$ 21.10		
	155 Mill Crossing In Sonratown TX 76082			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions) or entire unit to the contract of the		
: 				

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

4		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jone Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/29/22	KULLY SWALLOW 6 Contributor address; City; State; Zip Code	# 2000
	4501 Hillcrest Cir #37 Fort Worth TX 96116	
	pation / Job title (See Instructions) Suffery Suffery	
Date	Full name of contributor	Amount of contribution (\$)
3/29/22	Christina Castillo Contributor address; City; State; Zip Code	\$21.10
	615D Dalumont Trl #301 Fortworth TX 76132	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions) (
Date	Full name of contributor	Amount of contribution (\$)
3/29/22	Contributor address; City; State; Zip Code	\$10,80
	3604 Cripple Creek Trl Roanoke TX 76262	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	etions)
Date		Amount of contribution (\$)
3/30/22	Contributor address; City; State; Zip Code	\$ 7500
	4024 Vernon Way Fort Worth TX 76244	
	Seation / Job title (See Instructions) Employer (See Instruc	otions)

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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.अक्षण के सम्बद्ध	1 Total pages Schedule A1:
2 FILER NAME	Shaw Smith		3 Filer ID (Ethics Commission Filers)
3/30/22	6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
		TX 76248	
2010	pation / Job title (See Instructions)	9 Employer (See Instruct KC Creative	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
3/30/22	Contributor address; City;	State; Zip Code	\$ 103,49
	1323 Bhir Ridge Or Keller	TX 76248	
1 "	pation / Job title (See Instructions)	Employer (See Instructi	Presidential Company of the Company
Date A	Full name of contributor out-of-state PAC	- 0 11	Amount of contribution (\$)
3/30/22	Contributor address; City;	M CAHULUT State; Zip Code	\$121,10
	11712 Red Oak Valley In austi	MTX 18732	
f(x) = f(x)	pation / Job title (See Instructions) Number of Self-employed	Employer (See Instruction Cath Cath	
Date		(ID#:)	Amount of contribution (\$)
3/30/22	Contributor address; City;	State; Zip Code	\$30000
	1620 Village Trail Keller	TX 76248	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	dions) The Section Sec
1011			Ya Cart Con
3			
	ATTACH ADDITIONAL CORIES O	ETHIS SCHEDITI E AS N	FEDED

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Soni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/22	Full name of contributor out-of-state PAC (ID#:) Wrutyn Aughtu City; State; Zip Code	7 Amount of contribution (\$) 457 99
8 Principal occu	5425 Utiliaustone TV TOHNUM TX 74137 pation / Job title (See Instructions)	etiono)
Teacher &		13han academy
Date	Full name of contributor	Amount of contribution (\$)
3/31/22	Contributor address City; State; Zip Code	\$5000
	P.O. Box 845 Report H1 96778	
Principal occup	Pation / Job title (See Instructions) Employer (See Instructions) Wild Pund	Tams
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/31/22	CMIS JAHRM Contributor address; City; State; Zip Code	\$4500
	9732 Sam Bass Shail Fort WOAT TX 76244	
A	pation / Job title (See Instructions) Employer (See Instru LAWLS Sch	
Date	Full name of contributor	Amount of contribution (\$)
4/4/22	Contributor address; City; State; Zip Code	42000
	Keller TX 76248	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions) = with the survey of the same

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/4/22	6 Contributor address; City; State; Zip Code	\$ 50000
	RUM IX 70090	
S Principal oocu	pation / Job title (See Instructions) GACAL SALUS SALUMIST SEMPLOYER (See Instructions) ALFRA ZENEC	The state of the s
Date	Full name of contributor out-of-state PAC (ID#) Reuth Reuson	Amount of contribution (\$)
4/7/22	Contributor address; City; State; Zip Code	\$ 200000
, *	1620 Village Trail Keller TX 76248	
1 . 1	Deation / Job title (See Instructions) Employer (See Instructions)	ions) . 1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/1/22	Contributor address; City; State; Zip Code	5000
, ,	Keller TX 76248	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	cions)
Date A P (A)	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
4/8/22	Contributor address; City; State; Zip Code	10000
	8324 Trace Redge Pewy Fort Worth TX 76137	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
A STATE OF THE STA	to the transfer of the country of the country of the second of the secon	at international memory stage on the constant of the contract memory stage. The stage of the contract of the c

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

1			
The Instruction	Guide explains how to complete this	form	1 Total pages Schedule A1:
2 FILER NAME MW 8	haw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full nam	ne of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
4/4/22 G Contribu	tor address; City;	<u> </u>	1000
1150	IT WALLE HIVE FORT WURLY	1 11 40244	†
8 Principal occupation / Job t	itle (See Instructions)	9 Employer (See Instruction	ns)
Date Full nam	ne of contributor	(ID#:)	Amount of contribution (\$)
4/6/22 Contribu	MINU MINUW utor address; City;	State; Zip Code	5000
1317	Rue Didaeld Volla	TV HONCE	
Principal occupation / Job ti	tle (See Instructions)	Employer (See Instruction	
4/10/ 1	n Stoller		Amount of contribution (\$)
Contribu	tor address; City;	State; Zip Code TX 41246	100
Principal occupation / Job ti	de (See Instructions)	Employer (See Instruction	ns)
Date Full nam	e of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
	tor address; City;	State; Zip Code	5700
14426	sowhounte or eichaldso	11 1X 76028	
Principal occupation / Job tit	le (See Instructions)	Employer (See Instruction	ns), et algregation ou et al constitution of the first

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction quide for additional reporting requirements. in administration one of order trial bioses and trial admin 2 mine tot available take mind to der attentione

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

	•
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor UCK GN3LN 6 Contributor address; City; State; Zip Code 2037 COVINTY CH KUM TX 76262 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 2000 actions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) 5000 Juctions)
Date Full name of contributor Gut-of-state PAC (ID#:	10000

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JAW SAWH	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Help Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions) Burn de la general provinció agus de la se
Date Full name of contributor out-of-state PAC (ID#) #/8/22 Contributor address; City; State; Zip Code 1952 Wintur Dr Keller TX 76262	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#) Lhulls Cumming S Contributor address; City; State; Zip Code 1004 Plasant Run Relle TX 76248	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 2000

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Oni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
4/9/22	Deburah Mulan Con G Contributor address; City; State; Zip Code FOW WITH TX	5000
• 5: : 1		
8 Principal occu	pation / Job title (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/10/22	Contributor address; City; State; Zip Code	10000
	Les and the Volton Waller Harris	
Principal occur	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
4/13/22	Shunm Waller Contributor address; City; State; Zip Code	1000
1.7122		100 00
	553 linbridled in Keller TX 76298	1
SUF-U	ation / Job title (See Instructions) Employer (See Instru	
Date / Last.	Full name of contributor	Amount of contribution (\$)
Yhil.	Tricia mewhorter	and the same of the same of
7/14/22	Contributor address; City; State; Zip Code	2500
	Fort Worth TX	Addition of the first of
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ctions)
9		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME SMUTH	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 4 UND DEWINTEL 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) 500 ons)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 2500 tions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME JAW Smith	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 4/19/22 6 Contributor address; City; State; Zip Code **Reflection** **Refl	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) 120/22 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#) Paralle Donna Cobb Contributor address; City; State; Zip Code 707 W. W LAGUH RA CILLUMIL TX 76034	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#) Had plays City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions) and the second of the se

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.

Section 1		<u> </u>
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	oni Shaw Smith	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/22	Full name of contributor out-of-state PAC (ID#:) MUNA STANDA 6 Contributor address; City; State; Zip Code 554 Murfon M. FMUNA TX 7037	7 Amount of contribution (\$)
- 1	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions) a color advisor a que en la color a la color a la color a color a la co
Date 4/25/22	Evil name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Self-employed Employer (See Instructions)	ions)
Date 4/15/22	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	cions)
Date 421/22	Full name of contributor out-of-state PAC (ID#:) UMA UMA Contributor address; City; State; Zip Code TALMAM TX H0131	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		· -	-
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Jone Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4/29/22	Full name of contributor out-of-state PAC of Sharkey Contributor address; City;	State; Zip Code	\$ 20000
	521 Bennington Ln Keller 7		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
4/29/22	Contributor address; City;	State; Zip Code	\$5000
*	Keller	TX	
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		(ID#:)	Amount of contribution (\$)
5/2/22	Dennis Chamberlaur Contributor address; City;	State; Zip Code	# 100°0
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
5/3/22	Contributor address City;	State; Zip Code	\$2500
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

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 fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Joni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/22	Full name of contributor out-of-state PAC (IE KATU M'MUUW) 6 Contributor address; City; P.D. BOX 770 KUUK TX		7 Amount of contribution (\$)
	pation / Job title (See Instructions) at home mom	Employer (See Instruc	rtions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ŧ)	Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	:	Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NE	EDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
2 FILER NAME	ni Shaw Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$8,863.75
5 Date	6 Full name of contributor □ out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$\frac{9}{\text{ln-kind contribution}}\$ \$\frac{3}{500}\$ W/ Strukes Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1411	er (FOR NON-JUDICIAL)(See Instructions)
	r Security) Manager	Mutal	Nation Inc
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,	
Date 5/19/22	Full name of contributor out-of-state PAC (ID#: KISD Family alliance Contributor address; City; State; P.D. Box, 80382 Keller TX 91	Zip Code	Amount of Contribution \$ In-kind contribution description #5000 Mallus Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	, .	
			1
\$48 - 4 000 TO	ATTACH ADDITIONAL CODIES OF 1	LNIS SCHEDI	II E AS NEEDED

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME JOHI SHAW SMITH	vy i v	3 Filer ID (Ethic	s Commission Filers)		
4 Date 3/25/22	5 Payee name Star Sports Keller					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$547,74	901 Keller PKWY Unit H	Keller	TX	76248		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	other ladvertising expense	t-Shirts		e		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name New Smith Rellu	Office sought ISD BOARD of T	hustees P12	Office held		
Date	Payee name			\$ - X		
3/28/22	ms marketing			<u>.</u>		
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$ 294.44	310 NMain St Unit E	Keller	TX	76248		
	Category (See Categories listed at the top of this schedule)	Description	, -			
PURPOSE OF EXPENDITURE	advertising expense	door hangers post cards	Eprinting			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit 6/01	John shaw smith Keller !	SD Board of Tru	isters H2			
Date	Payee name	f				
4/22/22	ms marketing					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$324 75	310 N main St Unit E	Keller	TX	74248		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	advertising expense	printing	- postca	vds		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Λ - :	Office held		
expenditure to benefit C/OH	Jone Maw Smuth Kell	U 150 Board	Of Trustees	,P12		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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
CandidacOfficeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of Di
Salaries/Wages/Contract Labor Other (enter a ca

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME JONE Shaw Smith		3 Filer ID (Ethic	es Commission Filers)
4 Date 4/18/22	6 Payee name Watcares			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$8,44000	800 W 474h St Ste 200 Ka	ingu Oty	mo	104112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	advertising expense/printing	Direct	mail.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	steer p12	Office held
Date	Payee name	2		
4/28/22	Pay Pal			7
Amount (\$)	Payee atteress;	City;	State;	Zip Code
\$46,51	PayPal. com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	fles	banking	fees - my	mul
×	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Trustees 192	Office held
Date	Payee name) •	
5/4/22	Pay Pal			*
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.52	PayPil, com			
	Cate \$\display\$ (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	fees	banking	fees-	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	oard of Tru	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	,

SCHEDULE F1

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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/Openations Made By
Candidate/Openations
Conditional Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Enpone	Salaries/Wag	jes/Contract Labor	Other (enter a categ	ory not listed above)
Credit Card Payment		The Instructi	on Guide explai	ns how to con	nplete this form.	3	
1 Total pages Schedule F1:	2 FILER N	AME JON	Shaw 8	mith		3 Filer ID (Ethic	es Commission Filers)
4 Date 5/4/22	5 Payee na						
6 Amount (\$)	7 Payee ac	ddress;	0		City;	State;	Zip Code
\$110000	1521	Spanist	1 Bay D	twe	Reller	770	76248
8	(a) Categor	y (See Categories I	isted at the op of this	schedule)	(b) Description	Walah Patt	
PURPOSE OF EXPENDITURE	Food/8	beverage	Expense		volunteer 1 euction m	Watch Party ight - Pajix	as, etc.
	(c)	Check if travel outsid	e of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	1	late / Officehold	* 1 .	Keller 19	Office sought DMMOF	Trusta, P/2	Office held
Date	Payee na	ame					
3/8/22	Edge	Aton Str	ategies,	uc			
Amount (\$)	Payer ac		,		City;	State;	Zip Code
\$ 1,157 74	1540	Keller Pa	Kway +	*108-40a	2 Keller	TX F	0248
PURPOSE OF EXPENDITURE	Category	/ (See Categories lis	ited at the top of this s	schedule)	Description	Sot campa	ugn signs
		Check if travel outsid	e of Texas. Complete S	ichedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	1	late / Officehold		ler 180	Office sought	ustee, P12	Office held
Date	Payee na	ame .				•	
5/0/22	Edger	ton Stra	tegres, l	UC		:	
Amount (\$)	Payee ac	ddress;			City;	State;	Zip Code
90000	1540 k	(See Categories lis	www.	08-402 schedule)	Relle	Ж.	76248
PURPOSE OF EXPENDITURE	,		lypense	, and a second	digita	l media	
		Check if travel outside	of Texas. Complete S	chedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officehold	er name SMUH	Keller	Office sought	d of Trustee	Office held
	AT	TACH ADDITIO	ONAL COPIES	OF THIS SO	CHEDULE 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME JUNI Shaw Frut	h	3 Filer ID (Ethi	cs Commission Filers)
4 Date 5/10/22	5 Payee name Wim Smtines			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 2295 00	800 W 47th St St 200	Kansas City	mo	64112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	navernismy/printing	mailer	s/direct	mail
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name KUU KUU KUU	ASS BOARD T	nistee, P/2	Office held
Date	Payee name			
5/31/22	axiom Stratigues			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$575	800 W 474h St Ste 200	Kansas Cit	ty mo	64112
	Category (See Categories listed at the top of this schedule)	Description		,
PURPOSE OF EXPENDITURE	advertising/printing	duect r	nail	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought KUUY JSD B	ourd of In	Office held Utu, P12
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
at 2 at 2	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 F4:	2 FILER NAME Shaw Smith	'n	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$			
5 Date 1/24/22	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
\$89.42						
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description				
PURPOSE OF EXPENDITURE	advertising expense	website				
	(c) Check if travel outside of Texas. Complet	te Schedule T. Check if Au	stin, TX, officeholder living expense			
11 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held					
expenditure to benefit C/OH	Joni Shaw Smith	Keller160 Board of Tr	istee Pl 2			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of the	nis schedule) Description				
PURPOSE OF EXPENDITURE			٠.			
EXPENDITORE	Check if travel outside of Texas. Comple	te Schedule T. Check if Au	ustin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH						
Tarras prayidad by Tayas Cábias	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED Povisod 8/17/2020			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	•	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 explain	s how to complete this form.		
1 Total pages Schedule F4:	2 FILERNAME SMUTH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 3/1/22	6 Payee name MS Marketing			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
#644.63	310 N main St Unit E	Keller	TX 76248	
9 TYPE OF EXPENDITURE	✓ Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	printing expense	door hang Push car	erse printing	
, see	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense	
11	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	John Shaw Smith	eller ISD Board of Truste	eP12	
Date 3/14/22	Payee name MS Markething			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$40594	310 N Main St UnitE	Reller	TX 96248	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this	Description	~ -	
PURPOSE OF EXPENDITURE	printing expense	a oor narge post car	ds frinting sircs.	
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense	
0. 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	John Shaw Smith	Keller BD Board of	Thure Pla	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

C	Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Printing ee Legal Services Salaries		Expense Travel In Dis Expense Travel Out C Wages/Contract Labor Other (enter-		Out Of District		
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAM	Shaw Sn	uth		3 File	r ID (Ethics (Commission Filers)	
4	Date	5 Payee nam	n Strates	nes			1		
6	Amount (\$1	7 Payee add	ress;		City	. =	State;	Zip Code	
	political contributions intended	800 h	147 in 87	- Ste 20	0 Kans	as City	MO	64112	
8	PURPOSE OF	. 5	(See Categories listed at th	e top of this schedule)	(b) Description	at ma	.1		
	EXPENDITURE	advert	SUNG / FIN M Theck if travel outside of Texas	Complete Schedule T.	Check if	Austin, TX, office	eholder living exp	ense	
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candida	ate / Officeholder na	me MYM	Office sought	board on	Frutee	office held	
	Date	Payee nan	ne	87 °					
	Amount (\$)	Payee add	Iress;	· ·	City	1	State;	Zip Code	
	Reimbursement from political contributions intended		. 1	- t					
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at th	e top of this schedule)	Description				
			Check if travel outside of Texas	s. Complete Schedule T.	Check it	f Austin, TX, office	eholder living exp	ense	
Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH				C	office held				
	Date	Payee nan	ne				,	a a	
	Amount (\$)	Payee add	lress;		City;		State;	Zip Code	
	Reimbursement from political contributions intended								
	PURPOSE OF	Category	(See Categories listed at th	e top of this schedule)	Description	1			
	EXPENDITURE								
L			theck if travel outside of Texas			f Austin, TX, offic			
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candida	ate / Officeholder na	me	Office sought			Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to compl	ete this form.							
	◆ Complete only if "Report Type" on page 1 is marked "Final Report" ◆									
1	C/OH N	M Shaw Smith	2 Filer ID (Ethics Commission Filers)							
3	SIGNA									
	designa	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder								
4		WHO IS NOT AN OFFICEHOLDER	,							
	•• Com	plete A & B below <i>only</i> if you are not an officeholder. ••								
	A.	CAMPAIGN FUNDS								
	Chec	conly one:								
		I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.							
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.									
	В.	ASSETS								
	Check only one:									
	I do not retain assets purchased with political contributions or interest or other income from political contributions.									
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.								
			Signature of Candidate							
6		EHOLDER plete this section <i>only</i> if you are an officeholder ••								
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.									
			/ Signature of Officeholder							