

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Stacie	MI J	OFFICE USE ONLY Date Received 10/31/22 Date Hand-delivered or Date Postmarked Hand Delivered Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Smith	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 2808 Baker St Sachse, TX 75048			
Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 439-8603	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Becky	MI M	
	NICKNAME	LAST Welch	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 617 Odenville Dr. Wylie, TX 75098			
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 395-4952	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 25 / 22 09 / 29 / 22			
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 22		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Wylie ISD Trustee, Place 1		13 OFFICE SOUGHT (if known) Wylie ISD Trustee, Place 1	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

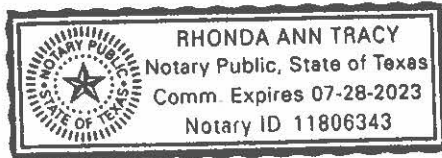
15 C/OH NAME Stacie J Smith		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 960.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,845.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 344.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,547.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stacie J. Smith this the 3rd day of October, 2022, to certify which, witness my hand and seal of office.

Rhonda Ann Tracy Signature of officer administering oath
Rhonda Ann Tracy Printed name of officer administering oath
Asst to the Sect Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Steve Smith</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,845.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,845.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,007.10
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,540.52
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 (#1)
2 FILER NAME Stacie J Smith		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/22	5 Full name of contributor out-of-state PAC (ID# _____) Sadie Miller	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 817 Preston Ln. Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/12/22	Full name of contributor out-of-state PAC (ID# _____) Rebecca Spell	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 706 Rosewood Dr. Murphy, TX 75094		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/12/22	Full name of contributor out-of-state PAC (ID# _____) Katherine Taylor	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 11730 Caddo Creek Dr. Lavan, TX 75166		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/22	Full name of contributor out-of-state PAC (ID# _____) Cary Buck	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code 2025 Highland Dr. Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 (4#2)
2 FILER NAME Stacie J Smith		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/22	5 Full name of contributor out-of-state PAC (ID# _____) Monica Amundson	7 Amount of contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code 7103 Abilene Sachse, TX 75048	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/22	Full name of contributor out-of-state PAC (ID# _____) Stacey Brinkley	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1807 Temperance Way Wylie, TX 75098	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/22	Full name of contributor out-of-state PAC (ID# _____) Kenneth Price	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1716 Mapleleaf Dr. Wylie, TX 75098	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/16/22	Full name of contributor out-of-state PAC (ID# _____) Lisa Shaffstall	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3323 Leameadow Dr. Sachse, TX 75048	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 (#3)
2 FILER NAME Stacie J Smith		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/22	5 Full name of contributor out-of-state PAC (ID#: _____) Stephanie James	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 7027 Hickory Estates Sachse, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/17/22	Full name of contributor out-of-state PAC (ID#: _____) Abby Sandoval	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1032 Kreymer Ln. Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/22	Full name of contributor out-of-state PAC (ID#: _____) Julie McCall	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 3502 Elkhart Dr. Sachse, TX 75048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/22	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Rankin	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 414 Moonlight Dr. Murphy, TX 75094		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 (#4)
2 FILER NAME Stacie J Smith		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/22	5 Full name of contributor out-of-state PAC (ID# _____) Christian Braithwaite	7 Amount of contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 424 Cedar Ridge Dr. Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/30/22	Full name of contributor out-of-state PAC (ID# _____) Richard Parker Inc.	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 307 Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/22	Full name of contributor out-of-state PAC (ID# _____) Heather Leggett	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 92 Carriage Trl Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/5/22	Full name of contributor out-of-state PAC (ID# _____) Jill Brown	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 910 Redwood Ct. Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 (#5)
2 FILER NAME Stacie J Smith		3 Filer ID (Ethics Commission Filers)
4 Date 9/6/22	5 Full name of contributor out-of-state PAC (ID# _____) Tonya Donaldson	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 1308 Summerdale Ln. Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/9/22	Full name of contributor out-of-state PAC (ID# _____) BJ Lamarche	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1818 Butler Rd. Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/11/22	Full name of contributor out-of-state PAC (ID# _____) Andrea Hern	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7507 Meadow Run Ln. Sachse, TX 75048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/22	Full name of contributor out-of-state PAC (ID# _____) Fire & Water Restoration Plus LLC	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 108 S. Jackson Ave #106 Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 (#6)
2 FILER NAME Stacie J Smith		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/22	5 Full name of contributor out-of-state PAC (ID#: _____) Grover Brillhart	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 622 Stoneybrook Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/14/22	Full name of contributor out-of-state PAC (ID#: _____) Jason Otts	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 804 Glen Lakes Ct. Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Stacie J Smith	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/22	5 Payee name Stacie Smith	
6 Amount (\$) \$2,845.00	7 Payee address; City; State; Zip Code 2808 Baker St. Sachse, TX 75048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Reimbursement for expenditures
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 (#1)	2 FILER NAME Stacie J Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 344.58
5 Date 09/14/22	6 Payee name First Graphic Services	
7 Amount (\$) \$839.48	8 Payee address: 229 Garvon St. Garland, TX 75040 City: State: Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 (# 2)	2 FILER NAME Stacie J Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 08/23/22	6 Payee name First Graphic Services	
7 Amount (\$) \$911.52	8 Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 8/26/22	Payee name First Graphic Services	
Amount (\$) \$911.52	Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Stacie J Smith	3 Filer ID (Ethics Commission Filers)
4 Date 9/10/22	5 Payee name Anne Hiney Designs	
6 Amount (\$) \$122.44 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 301 N. Cottonbelt Ave. Wylie, TX 75098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad / Pushcards
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/01/22	Payee name JR Designs	
Amount (\$) \$1,418.08 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 2126 Beaver Creek Rd. Wylie, TX 75098	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED