

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs FIRST: Stacie MI: J ----- NICKNAME: LAST: Smith SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2808 Baker St. Sachse, TX 75048	10/31/22	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (972) 439-8603	Date Hand-delivered or Date Postmarked: Hand Delivered	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Becky MI: ----- NICKNAME: LAST: Welch SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 617 Odenville Dr. Wylie, TX 75098	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (214) 395-4952	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 09 / 30 / 22 10 / 29 / 22		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 22	ELECTION TYPE Primary Runoff Other Description General 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 Smith		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,809.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 68.26
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,445.69
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

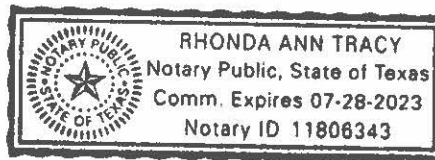
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 31st day of October

2022, to certify which, witness my hand and seal of office.

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

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 Virddie Montgomery		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,690.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 119.25
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,116.34
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		\$ 1,116.34
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 2,329.35
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:

7 (1)

2 FILER NAME
Stacie Smith

3 Filer ID (Ethics Commission Filers)

4 Date
10/7/22

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Dotson

7 Amount of contribution (\$)
\$1,000.00

6 Contributor address; City; State; Zip Code
2515 Sunny Meadow McKinney, TX 75072

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/10/22

Full name of contributor out-of-state PAC (ID#: _____)
Grover Brillhart

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
622 Stoneybrook Dr. Wylie, TX 75098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/13/22

Full name of contributor out-of-state PAC (ID#: _____)
Damian Johnson

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1224 Cedar Branch Dr. Wylie, TX 75098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/13/22

Full name of contributor out-of-state PAC (ID#: _____)
Deborah Crosby

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
8506 Coventry Dr. Rowlett, TX 75089

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: 7 (2)
2 FILER NAME Stacie Smith		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/22	5 Full name of contributor out-of-state PAC (ID#: _____) Rebecca Smith	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 504 W. Oak St. Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Alicia White	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 110 Fox Hill Dr. Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Cynthia Ingram	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1312 Hickory Woods Way Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Anne Hiney	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 301 N. Cottonbelt Ave. 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:

7 (3)

2 FILER NAME
Stacie Smith

3 Filer ID (Ethics Commission Filers)

4 Date
10/19/22

5 Full name of contributor out-of-state PAC (ID# _____)
Wendy Haynes

7 Amount of contribution (\$)
\$10.00

6 Contributor address; City; State; Zip Code
1350 Parker Rd. St Paul, TX 75098

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/19/22

Full name of contributor out-of-state PAC (ID# _____)
Noreen Smith

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
2112 High Point Dr. Sachse, TX 75048

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/22

Full name of contributor out-of-state PAC (ID# _____)
Amy Fleming

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
3009 Lena Dr. Wylie, TX 75098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/22

Full name of contributor out-of-state PAC (ID# _____)
Stephanie James

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
7027 Hickory Estates 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

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: 7 (4)
2 FILER NAME Stacie Smith		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/22	5 Full name of contributor out-of-state PAC (ID#: _____) Stacy Blanchard	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8102 Fallbrook Dr. Sachse, TX 75048		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Heather Leggett	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 92 Carriage Trail Lucas, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Steve Reese	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 408 Reed Way Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Susan Shuler	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2003 Silent Shore St. St Paul, 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.

Reset Form

Reset Page

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: 7(5)
2 FILER NAME Stacie Smith		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/22	5 Full name of contributor out-of-state PAC (ID#: _____) Deonna Osborn 6 Contributor address; City; State; Zip Code 8014 Edgeglen Trail Sachse, TX 75048	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) AhhhMazing Life Contributor address; City; State; Zip Code 104 S Ballard Ave. Wylie, TX 75098	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Stacie Gooch Contributor address; City; State; Zip Code 2404 Drain Dr. Wylie, TX 75098	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/22	Full name of contributor out-of-state PAC (ID#: _____) Suzi Kennon Contributor address; City; State; Zip Code 2915 Tracy Lynn Ln. Sachse, TX 75048	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Reset Form

Reset Page

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: 7 (6)
2 FILER NAME Stacie Smith		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/22	5 Full name of contributor out-of-state PAC (ID# _____) Lymari Ames	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1900 Three Fountains Rd. Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/22	Full name of contributor out-of-state PAC (ID# _____) Rachel Allen	Amount of contribution (\$) \$1,315.00
Contributor address; City; State; Zip Code 201 Barranca Trail Lucas, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/22	Full name of contributor out-of-state PAC (ID# _____) Laura Wilmarth	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code 3511 Ellington Dr. Sachse, TX 75048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/22	Full name of contributor out-of-state PAC (ID# _____) Lori Villarreal	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3602 Nandina 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.

Reset Form

Reset Page

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 Stacie Smith		3 Filer ID (Ethics Commission Filers) 7 (7)
4 Date 10/26/22	5 Full name of contributor out-of-state PAC (ID# _____) Lindsay Walker	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code 611 Odenville Dr. Wylie, TX 75098		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/22	Full name of contributor out-of-state PAC (ID# _____) Mary Wright	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2750 Pecan Dr. Wylie, TX 75098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/22	Full name of contributor out-of-state PAC (ID# _____) Lydia Miller	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 433 Smoke Tree Dr. Murphy, TX 75094		
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)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Stacie Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$119.25	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME Stacie Smith	3 Filer ID (Ethics Commission Filers)
4 Date 10/29/22	5 Payee name Stacie Smith	
6 Amount (\$) \$1,116.34	7 Payee address; City; State; Zip Code 2808 Baker St. Sache, TX 75048	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Reimbursement
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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	
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 FILER NAME Stacie Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 68.26
5 Date 10/15/22	6 Payee name Wylie Chamber of Commerce	
7 Amount (\$) \$250.00	8 Payee address; City; State; Zip Code 307 N Ballard Ave. Wylie, TX 75098	
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 Connection Ad
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/14/22	Payee name First Graphic Services	
Amount (\$) \$151.55	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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 FILER NAME Stacie Smith	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ ---
5 Date 10/17/22	6 Payee name Costco	
7 Amount (\$) \$187.02	8 Payee address; City; State; Zip Code www.costco.com	
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 Candy for Boo on Ballard
	(c) 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
Date 10/17	Payee name Vista Print	
Amount (\$) \$317.71	Payee address; City; State; Zip Code www.vistaprint.com	
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 Cards
	(c) Check if travel outside of Texas. Complete Schedule T. 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
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 FILER NAME Stacie Smith		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ ---	
5 Date 10/24/22	6 Payee name Vista Print			
7 Amount (\$) \$141.80	8 Payee address; www.vistaprint.com		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 Cards	
	(c) 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
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	
	Check if travel outside of Texas. Complete Schedule T.		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

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:	2 FILER NAME Stacie Smith	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/22	5 Payee name Wylie Downtown Merchants Association	
6 Amount (\$) \$100.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 311 N. Ballard Ave Wylie, TX 75098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Boo on Ballard Booth
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/29/22	Payee name Anne Hiney Designs	
Amount (\$) \$629.35 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 301 N Cottonbelt Ave. Wylie, TX 75098	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers
	(c) Check if travel outside of Texas. Complete Schedule T 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
Date 10/29/22	Payee name Deonna Osborn	
Amount (\$) \$1,600.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 8014 Edgeglen Trail Sachse, TX 75048	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers / Postage
	(c) Check if travel outside of Texas. Complete Schedule T 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

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